Child Welfare Comprehensive Review and Redesign

Final Report

New Brunswick
Health and
Community Services

CHILDREN COME FIRST

Report
Child Welfare Review and Redesign Project

New Brunswick
Department of Health and Community Services

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Children Come First

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"Failure to protect the physical, mental and emotional development of children (and young people) is the principal means by which humanity's difficulties are compounded and its problems perpetuated." *(State of World's Children 1990 Report, UNICEF)*

PREFACE

From the daunting array of reports and research papers published in Canada and elsewhere in the area of children's health and well-being, it might be supposed that the subject was exhausted and in no need of further exploration. For example, just within 1999 two lengthy reports have been published on these topics: *Promoting Family Wellness and Preventing Child Maltreatment*[1]; and *Making a Commitment to the Healthy Development of Our Youngest Children: A Plan for Communities.* [2]

But while tomes like these review, discuss and suggest ways to improve the lives of children, the fact remains that in the area specific to child welfare, there is a lack of agreement on what exactly constitutes a well-designed child welfare system. Much of this indecisiveness can be traced to a paltry lack of reliable outcome data, both from the standpoint of managers and service deliverers. The voices of the client - the family and children - are seldom heard.

This state of affairs holds true for New Brunswick, as well. A review of departmental documents since 1986 confirms that under the current organizational structure, much effort has been expended in defining the issues in the child welfare service delivery, but few corporate-level evaluations of child welfare services have been undertaken. Only recently are outcome-focused studies being conducted to meet this growing demand.

In spite of our best intentions, thoughtful discussions and in-depth reporting, children and their families continue to face difficulties that ultimately place children at risk of losing their birth family and, many times, their opportunity to grow up in a permanent, safe and nurturing environment. To further complicate this, social service deliverers confirm that problems beset by these families are multigenerational and multidimensional. Families seem to be in more trouble today then ever before, and children bear the brunt of that. Resources to help these families are limited, and society, in general, chooses not to be involved in what is viewed as hopeless and difficult circumstances. But, in the worse case scenario, children die of the very things society seems to want to prevent - the abuse and neglect of children, and the system and its practitioners are left to shoulder much of the blame.

This state of affairs leads us to question: what can the New Brunswick Child Welfare system do to ensure that, to the best of our ability and resources, children can develop their potential and be as prepared as possible to meet the exigencies of life? How can we effectively support families in such a way as to prevent children from coming into care? What are the best practices? What has been shown to work? In answer to these questions, we must turn to the wealth of experience and knowledge gleaned by our child welfare service deliverers. In the absence of rigorously designed evaluation studies, our best source of information must be provided through the invaluable experience of the practitioners in the field of child welfare. Their knowledge, coupled with the expertise of the research community, must inform our inquiry.

Finally, society cannot be absolved of its responsibility for trying to improve the lives of its "at risk" children. Children who grow up traumatized by abuse and/or neglect become our marginalized adults of tomorrow. They also become the parents of children who, in many cases,

are in turn denied the opportunity of an enriching life free of insecurity, harassment, illness and esteem-destroying stereotyping. One of the most fundamental causes of breakdown in families is poverty and for that, all society shoulders the cost.

Our system is called into action. Much effort has been expended over the last 12 months in responding to the Child Death Review Committee's report on the death of Jacqueline Brewer. Fifteen teams have been struck, with most teams having the responsibility to address recommendations specific to the Report. These recommendations principally examine issues that pertain solely to the Child Protection Program. The remaining teams are broader in scope and include Child Advocate, Training (design), Workload Measurement (three of the four subteams) and the Comprehensive Child Welfare Review and Redesign Team. The latter team is charged with the broadest of all mandates, which is to examine issues pertaining to the entire New Brunswick Child Welfare System (Appendix A), and bring in recommendations for improvements where needed. A summary of the work of the fourteen other teams is found in **Section 9.0** of this Report.

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ACKNOWLEDGMENTS

The comprehensive nature of this Review has required broad consultation and input. Throughout this process, the level of interest and the willingness on the part of so many informants to avail us of their time and insight into the issues of child welfare has been truly overwhelming, and the Steering Committee and CWRR Project Team gratefully acknowledge their contribution. Included in this group are the DHCS Senior Management Committee, the FCSS Central and Regional staff, as well, those members of the Public Health and Mental Health Divisions took the time to provide thoughtful, written submissions to our Invitation Letter.

As well, we convey our thanks to our partners in Child Welfare who participated with us in a large group, two and a half day consultation on improving the system: the NB hospital corporations, the Departments of Education (Francophone and Anglophone), Solicitor General, Justice, Human Resources Development and Housing and stakeholder groups/persons. We particularly thank First Nations Child Welfare agencies for their participation in the Large Group Consultation, as well as for providing a First Nations perspective for inclusion in this Report. All of these sectors informed us on the meaning of partnership and collaboration in the shared responsibility for delivering services to "at risk" children and their families.

All projects of this magnitude require support from our closest colleagues. This was available from colleagues in the Planning and Evaluation Division, especially Lynne Swanick and Shannon Sanford; and from Lorraine Madore and Charlene Devost-Boutot in the FCSS Program Support Unit. Special thanks are due to Lore-Ann Carroll-Beaulieu (FCSS Regional Office, Grand Falls) and Lisa LeBlanc for their secretarial support; to Gordon ("Gordie") Steeves for providing the data from the RPSS system, to Michèle Bédard for representing the interests of First Nations and to the Communications Branch of the Department.

Also acknowledged are the former "children-in-care" who participated in the evaluation of the Guardianship Program. Their candid responses helped to inform us about the reality of being a foster child. We thank Dr. Kathleen Kufeldt for providing us with preliminary findings from that evaluation.

The CWRR Project Team particularly thanks the Steering Committee for its faithful guidance over "rough waters".

Finally, a note of gratitude from the CWRR Project Team to our patient spouses for their unfailing support throughout this project!

EXECUTIVE SUMMARY

The Goal and Objectives of the Review

In July, 1998, the independent Child Death Review Committee, established by the NB Department of Health and Community Services (DHCS) to examine the deaths of all children under 19 years of age who were in the legal care of the Department at the time of their deaths, or who were known to the Child Welfare System for twelve months prior to their deaths; presented their report on the death of Jacqueline Dawn Brewer. That Report contained 14 recommendations for consideration by the Department. These recommendations pertained primarily to the Child Protection Program as the situation reviewed by the Committee was of a child protection nature. In September 1998, the Department presented its response to the Committee's recommendations, and outlined an Action Plan. As the result of the Action Plan, the Child Welfare Project was initiated. All together, there were 15 teams established, one of which was the Comprehensive Child Welfare Review and Redesign (CWRR) Project Team.

The Goal of the Review was: *To review, and where necessary, propose a redesign of the New Brunswick Child Welfare system that ensures an effective and efficient service delivery that is responsive to the needs of abused and neglected children/youth and their families;*

And the Objectives were to:

- Review the existing programs in order to identify what is working well in these programs, i.e., best practices, and what requires improvement, and to report these findings by April 15, 1999.

- Propose a range of options based on best practices, and make recommendations that will result in bringing about improvements to the child welfare system, and to report these options by June 30, 1999. This will involve establishing linkages with the other Child Welfare Projects as per the Action Plan so that we may build on their findings and recommendations.

From these objectives, three questions were formulated to guide the CWRR Project Team in determining what, if any, changes were needed in the NB Child Welfare system. These three questions were: What is working well?
What are the issues?
What are the solutions?

The Approach

The Review was a collaborative exercise that involved more than 300 people in consultations ranging from meetings with single individuals, representatives of professional groups, meetings with FCSS regional directors, managers and frontline staff; and a two and a half day consultation with 160 representatives both from DHCS and from partner NB government departments, stakeholders groups and individuals, and First Nation Child and Family Service agencies.

In addition to face-to-face consultations, all employees in the Mental Health Division, the Public Health Division and the Family and Community Social Services Division were invited by individual letter to provide written submissions in response to the three review questions.

An evaluation of the perspectives of clients who had been in the Province's foster care system was unfolding at the time of this Review, and interim findings from that study have been taken into account.

Administrative data from the Department's data retrieval system in FCSS were analyzed and used to give a picture of the issues surrounding the present Child Welfare System.

A large body of literature, both internally-produced, as well as from research journals, books authored by experts in the field of Child Welfare, reports from other government agencies, and postings on the Internet was available to the CWRR Project Team for consultation in order to support the recommendations.

The Key Recommendations

The recommendations in the main body of the Report are arranged in two categories: Those that are "child-focused" and those that are "system-focused". As there are over 80 recommendations, not all are included in this Executive Summary. The CWRR Project Team has chosen instead to present the general substance of selected key recommendations based on the following criteria: That they directly relate to the legal role of the Minister of Health and Community Services to serve as a "good parent" for the children/youth who are legally under his care; that they are deemed to be of "high priority" in addressing the major problem of children for whom there are concerns about their safety, development and permanency; and that they address the measuring of program outcomes.

Vision, Values and a Strategic Plan

It is recommended that the Policy Framework for children and youth in the province that was developed in 1991 and outlined in the document, *Playing for Keeps* be re-affirmed. Within the document is a broad statement of vision, values, and beliefs centered on wellness and development of potential for all NB children.

Within the context of *Playing for Keeps*, it is recommended that a draft vision and values statement be accepted and a strategic plan be developed specifically for Child Welfare that includes short-term and long-term goals. The vision and values statement should be ratified within the Department, across other government departments and with First Nations Child and Family agencies, and should be the context in which all child welfare services are delivered.

The proposed vision is as follows: *Every child in New Brunswick is safely nurtured by a loving family, supported by a caring community and is free from abuse, neglect, and exploitation.*

ISSUES AND RECOMMENDATIONS - CHILD FOCUSED

Ensure that the philosophy of "best interest of the child" guides all practice in Child Welfare services. Re-confirm with staff the recent change to the preamble of the Family Services Act, where the "best interests" of the child takes precedence over parental rights where the two are in conflict.

Planning for permanency

The focus on philosophy and practice of Permanency Planning has been lost over the past 15 years. It is recommended that the principles of Permanency Planning be re-affirmed and re-emphasized by:

- Adjusting legislation to reflect permanency for children;
- Training FCSS staff in Child Welfare on the principles underlying Permanency Planning;
- Decisive and earlier decision-making to occur in Child Protection cases, requiring Mental Health and FCSS to become efficient in carrying out psychological and parenting assessments;
- Increasing resources in Adoption, and especially to permit the adoption of children who are presently under the care of the Minister and are legally freed for adoption (N=466). Changes in adoption would also include more opportunity for subsidized adoptions and a Post-Adoption follow up service to support families who adopt difficult to place children in order to prevent breakdown in the placement;
- Defining a series of outcome measures as part of a strategic plan for Child Welfare;
- Preventing fragmentation of Child Welfare programs by providing a "continuum of services" where services are well coordinated;
- Discontinuing plans to outsource major aspects of the adoption service.

Out-of-Home placements

Develop a policy that encourages, where appropriate, kinship foster care (placement with extended family) as the first option when seeking custodial parenting.

For the older child, and for younger children where family reunification is the plan, promote the concept and practice of "inclusive care" where birth parents can stay involved collaboratively with their children and be a part of making those decisions that affect their children.

In collaboration with Mental Health Division, develop appropriate placement resources with adequate supports for children and youth with severe conduct disorder, psychoses, autism and suicidal tendencies.

Services to the 16-18 year old, inclusive

Given the ongoing concern for the lack of services for 16-18 year olds, develop a service for youths in this age group who are unable to live safely in their own homes. Financial benefits,

counselling and support should be provided on a voluntary basis and conditional on continued participation in an educational, vocational or work-related training program.

Such a service will require that the DHCS work collaboratively with Education, Solicitor General, Human Resources Development and Housing, to develop a policy and program for serving this group. It is recommended that the document developed in 1991 by the Intergovernmental Committee Project for Youth on servicing youths age 16 up to 19 be revisited, and the recommendations, if still current, be reactivated.

ISSUES AND RECOMMENDATIONS - SYSTEM FOCUSED

Prevention

In the 1991 report, *Canada's Children: Investing in our Future*, to the House of Commons by the Sub-Committee on Poverty, the Canadian Teachers' Federation was quoted as follows:

> " We will pay, one way or another. There is no question about it. We pay in illiteracy. We pay in dropouts. We pay in correction institutes and in the health system. We pay and pay and pay. I think that a cogent and sellable argument ...can be made for ... prevention money, rather than mop-up money later on."

The Vision and Beliefs being recommended for New Brunswick's Child Welfare System support a goal of prevention of child maltreatment. The message heard repeatedly in the course of this Review from within the Department, from other departments and from stakeholders was that more strategies are needed aimed at preventing abuse and/or neglect from occurring in the first place. It was said that prevention programs could reduce teen pregnancy, reduce poor outcomes at school, reduce juvenile crime, reduce crimes against children and prevent families coming to the door of Child Protection.

Principle among the recommendations in this Report is that Government adopt a mandate to prevent child abuse and neglect and provide the necessary leadership by appointing a senior cabinet minister to oversee policies, programs and attainment of resources aimed at prevention. Service integration, establishment of a position of a Child Advocate and improving secondary prevention programs aimed at specific target groups are also recommended. It is recommended that the goal of the Early Childhood Initiatives (ECI) be expanded to include screening for potential for abuse and neglect and that the screening tool be modified to allow this screening to occur. In fact, it is recommended that ECI be less targeted than it is at this time. Programs focussing on teen pregnancies and on support for children who witness violence in the home are also being recommended.

Child and family poverty

The New Brunswick picture for child poverty is grim. Data presented in the 1998 report, *An Overview of Child Welfare in New Brunswick*, show that in relation to source of income, 65.5%

of Child Protection families were receiving social assistance payments. Clearly, life has not improved for families who make up the majority of the Child Protection caseload.

Families facing crises in meeting everyday living needs are in jeopardy of having their children taken into the care of the Minister. Front-line child welfare practitioners relay that often in these situations, if there could be some emergency help available at the time of the crisis, the family could remain together. Example: threat of curtailing of electricity in the winter. No protocols exist at present to assist in these situations. There are working relationships in place, but these are often based on personal connections and goodwill between service providers.

It is recommended that Government accept an obligation to provide integrated service planning between departments in order to ensure that the basic physical needs of New Brunswickers are met. These needs are food, shelter, clothing, education and in certain rural communities, transportation in order to access services.

It is also recommended that under no circumstances should children be removed from their homes because of insufficient resources to provide the basic needs of food, shelter, clothing, or utilities. To support this, protocols are required with Human Resources Development and Housing where safe housing can be accessed in situations where living conditions jeopardize a child's ability to remain at home, and where short term funds can be made available in crisis situations

A Division for Children and Families

Coordination of services, providing a "seamless continuum", fragmentation of services - these are issues that are cause for concern in the Child Welfare delivery system. Linkages between other divisions in the DHCS are essential if families and children are to be well served. Within the DHCS, the focus in the recent years has been less on children and more on the pressing issues of sustainability of the health care system and on the needs of an aging population. To recapture the focus on children, a new division is being proposed which would provide an umbrella for all children's services in the DHCS and which would allow for effective integration of services.

Family Services Act

Recommendations regarding amendments to the Family Services Act are proposed in relation to the following:

> *Length of time in custody* - In the interest of permanency, the length of time a child can remain in custody should be revisited, with shorter maximum time periods depending on age of child.
>
> *New type of custody order for children over 12 years where there is no need to severe parental rights* - This would apply to children who are brought into the system as "out of control", and would serve to maintain the responsibility with the parents.

Family Court system

Legal representation for parents facing continued custody of their children, finding ways to speed up the court process, particularly for the infant and toddler for whom attachment to a permanent caregiver is critical; and issues around finding ways to make the court procedure less adversarial form the basis of recommendations under this section. It is recommended that in collaboration with the Department of Justice, the DHCS explore alternate dispute resolution mechanisms, such as mediation and tribunals of experts, which serve to avoid the present adversarial, slow and formalized process.

Service Delivery system

In line with re-establishing the focus on children and family, the efficiency with which services are presently being delivered to children and families served in child welfare needs examination. Included in this section are recommendations about the roles and responsibilities of specific groups of social workers, home economists and para-professionals.

Direct therapeutic intervention

It is recommended that FCSS should adopt a service delivery model, which emphasizes social workers in child welfare providing *direct therapeutic intervention* with children/youth and their families. By increasing the percentage of time social workers spend in direct intervention with clients (as opposed to acting as a "broker" for contracted services), social workers would be doing more of what they are trained to do. It would be expected that this would improve outcomes for clients.

Collaboration and partnerships

Based on the results from the Large Group Consultation, it is recommended that Government accept a definition and philosophy of collaboration, and encourage other government departments to clarify their understanding. The goal is to provide integration and coordination of services to more effectively help families. Collaboration involves building trusting relations between partners. It is recommended that Deputy Ministers from across departments provide leadership on this issue. It is also being recommended that cross-disciplinary training be adopted as one strategy to build understanding.

Monitoring, evaluation and outcomes

Monitoring of performance indicators and evaluation for outcomes should be recognized and resourced as important to child welfare. It is recommended that within the context of a Policy Framework for child welfare that focuses on permanency planning and the best interest of the child, that "process"(formative), "outcome" (summative) and impact indicators be developed for each program area within the NB Child Welfare System.

It is further recommended that these indicators should be monitored on a regular basis and that the new Client Service Delivery System database be configured to include those indicators.

Invited Additions To this Report

This Report includes an invited submission by the First Nations Child and Family Service Agencies, who represent the Province's 15 First Nations communities, to this Review process. Their submission has been incorporated *in toto* as a separate section. The issues are wide ranging and include the need to share knowledge, build respect and enhance resources. This submission will be forwarded to the Senior Management of the DHCS for further consideration. As well, this Report includes an invited submission from Dr. Kathleen Kufeldt of preliminary findings from the currently unfolding evaluation of the Guardianship Program. These preliminary results suggest that for a majority of former children in the care of the Minister, being brought into care was appropriate. A continuing theme in the responses of these former clients is the importance of education and their wish that they could have achieved more. What prevented progress in education will be an important finding and may relate to the lack of permanency in the lives of these adults when they were children in our care.

Besides education, the preliminary findings are suggesting that long term results for these former children in care in the area of marital and family status, meaningful occupation and financial independence may be less than satisfactory. Many of the respondents suffered broken relationships and were living in isolation from any informal support network.

And, finally, an overview and progress report from the other 14 Child Welfare Project Teams are included in this Report. Among the key recommendations coming from these teams is the need for workload adjustments if standards are to be met, the hiring of significantly more social workers to meet the needs of increasingly complex cases, training directed to recognizing chronic neglect, assessment of parenting capacity, failure to thrive and integrated case planning; and the need for a Child Advocate

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LEGEND OF ACRONYMS

ADD	Attention deficit disorder
ADHD	Attention deficit and hyperactivity disorder
APAC	Adolescent Parents and their Children Program
CART	Child At Risk Teams (regional)
CBSCSN	Community Based Services for Children with Special Needs
CSDS	Client Service Delivery System
CWRR	Child Welfare Review and Redesign (project)
DHCS	Department of Health and Community Services
ECI	Early Childhood Initiatives
EI	Early Intervention
FCSS	Family and Community Social Services (Division)
FSA	Family Services Act
LICO	Low income cut-off
NLSCY	National Longitudinal Survey of Children and Youth
PRIDE	Parent Resources for Information Development and Education
RPSS	Automated Client Information System for the Social Services Division
STAR	Services Targeted for Adolescents at Risk Initiative

GLOSSARY OF TERMS

Access and Assessment- the name of the service delivery unit within a Family and Community Social Services office where new requests for services are received and where child protection assessments are completed.

Child Protection referral- a request for the provision of Child Protection Services where someone believes that a child's security or development may be in danger. The referral may come from a family member or a third party. Sometimes referred to as a Child Protection report.

Custody Agreement (Family Services Act)- a written agreement entered into between the parent and the Minister, temporarily transferring the custody, care and control of a child to the Department of Health and Community Services.

Custody Order (Family Services Act)- an order of the Family Court temporarily transferring the custody, care and control of a child from a parent to the Department of Health and Community Services.

Family and Community Social Services Division- the division of the Department of Health and Community Services charged with the responsibility to deliver a range of child welfare services under the authority of the Family Services Act.

Family Services Act- the provincial statute which provides the authority for the provision of child welfare services in New Brunswick.

Guardianship Agreement (Family Services Act)- an agreement entered into between the parent and the Minister to permanently transfer the guardianship of the child, including the custody, care and control of, and all parental rights and responsibilities with respect to the child. This type of agreement is only used for the purposes of transferring a newborn child to the Minister for the purposes of adoption.

Guardianship Order (Family Services Act)- an order of the Family Court which permanently transfers to the Minister the guardianship of the child, including the custody, care and control of, and all parental rights and responsibilities with respect to, the child.

Minister- the Minister of Health and Community Services who has the authority and responsibility to provide child welfare services in New Brunswick, including Child Protection Services. In practice, the Minister's authority and responsibility is delegated to specific staff within the Family and Community Social Services Division.

Off-Site Supervisors- supervisors who are not in the main office or who are accessible by cell phones.

Project Team- the four-person team of employees of the Department of Health and Community Services who were primarily responsible to carry out this review and prepare this report.

Provisional foster home- a private family dwelling approved by the Department specifically for a designated child in care, usually a relative, friend or neighbor.

Security and development of a child- the conditions described in section 31(1) of the Family Services Act under which child protection services is provided and the grounds under which the Family Court makes a child protection order.

Supervisory Order (Family Services Act)- an order of the Family Court authorizing the Minister to exercise supervision of the child, the child's family, the management of their property and other affairs having a substantial bearing on the child's security and development, for a period of up to six months, in accordance with conditions set out in the order. The child remains in the home.

Unfounded Child Protection referral- a referral for Child Protection Services, where professional staff have determined after assessing all available information, that there is not sufficient reason to provide Child Protection Services. This does not imply that the concern expressed by the referring person is not valid, but only that there is not sufficient evidence to substantiate the concern or the problem is not considered serious enough to warrant the need for Child Protection Services. This is also sometimes referred to as an "unsubstantiated referral".

1.0 INTRODUCTION

1.1 Background to the Project

On September 21, 1998, The Minister of Health and Community Services, the Honourable Ann Breault, publicly announced an Action Plan in response to the independent Child Death Review Committee Report on the death of Jacqueline Brewer.[3] In addition to addressing each of the 14 recommendations in the Report, Minister Breault also announced that she was commissioning a "comprehensive review and redesign of the New Brunswick Child Welfare System".

The Minister stated that this would include a review of the adequacy of current child welfare standards, policies and practices, and would provide recommendations for change, where necessary. The review would also include workload, roles and responsibilities of staff in various child welfare services, and the interrelationships among service deliverers throughout the entire child welfare system. The objective of the review was to ensure that our service delivery system was responsive to children's changing needs, and was based on best practices.

This announcement of a review and redesign did not come as a surprise to those who were working within the system. The accounts of work-related stresses experienced by service providers, coupled with the societal changes facing New Brunswick families, diminished access to service for vulnerable families. The cumulative effect of these forces on the Child Welfare system in the Province was becoming significant enough to call into question the extent of the Department's capacity to support vulnerable families. In recognition of these pressures, the Assistant Deputy Minister of the Family and Community Services Division commissioned a study in the fall of 1997 for the purpose of identifying current trends, issues and best practices in the field of child welfare. The intention was to ensure the appropriateness of policies, programs and practices. This study was in three parts: a comprehensive statistical review of trends affecting vulnerable families and children over the past 15 years [4], a child welfare literature review[5] and focus group methodology to identify major problem areas [6].

In reviewing the history of child welfare in New Brunswick, it is clear that the government has not always been in the business of delivery of these services. Prior to 1967, a variety of Children's Aid Societies were responsible for service delivery, and they depended on both private and municipal funding to defray costs. In 1967, under the Equal Opportunity Program, the Province assumed the responsibility for not only the design and delivery, but also the funding of services. That responsibility continues to present day.

In the three decades of service delivery by the Province, there have been reviews of some programs; a multitude of policy changes and, as stated previously, some evaluations of some components of the system. But there has not been a comprehensive review of the entire child welfare system. As we approach the new millennium, it is timely that we began the process.

1.2 Goal and Objectives of the Comprehensive Child Welfare Review and Redesign (CWRR) Project

Goal

To review, and where necessary, propose a redesign of the New Brunswick Child Welfare system that ensures an effective and efficient service delivery that is responsive to the needs of abused and neglected children/youth and their families.

Objectives

- To review the existing programs as defined in the above Goal in order to identify what is working well in these programs, i.e., best practices, and what requires improvement, and to report these findings by April 15, 1999.

- To propose a range of options based on best practices, and make recommendations that will result in bringing about improvements to the child welfare system, and to report these options by June 30, 1999. This will involve establishing linkages with the other Child Welfare Projects as per the Action Plan so that we may build on their findings and recommendations.

1.3 Review Questions

- What should we keep and continue to improve?
- What are the issues?
- What are the solutions?

1.4 Programs Under Child Welfare

Child Protection, which includes the receipt and processing of referrals/reports of children whose security and development are believed to be endangered, as well as the provision of services to families where the abuse and/or neglect of children is substantiated. This includes children living at home, as well as those who must be temporarily removed from their parent(s).

Children-in-Care, which includes the provision of services to children who are in custody or guardianship care of the Minister, either by agreement or court order. Also included is the **Post-Guardianship Service**.

Children's Placement Resources, which includes the provision of children's placement facilities such as foster homes and group homes.

Adoption, which includes the provision of services for private adoptions; infant ministerial adoptions; international adoptions; older, special needs, and sibling groups adoptions; subsidized adoptions and post adoption disclosure services.

Unmarried Parents Services, which includes counselling and decision support to birth parents of an unborn child who may be considering placing the child for adoption.

2.0 APPROACH

The Terms of Reference for this Project are found in **Appendix A**.

The conceptual framework within which this review was conducted was centered on asking the three questions previously stated in the **Introduction**. A variety of data sources were used to answer the questions, and these are described as follows:

2.1 Literature Review

The literature reviewed is listed in **Literature Cited (Section 13.0)** and in **Appendix B.** Three categories of literature were used: the internal documents of the Department, produced since 1980 which address child welfare topics; reports accessed from Internet sites; and books, chapters from books, external reports, news clippings and essays.

Criteria which were used to guide the selection of literature apart from Departmental documents were: Reported best practices in those service delivery areas presently in place in New Brunswick and description of programs that were conceptually appealing and/or presented unique methods of practice and for which there was evidence of favorable outcomes for the client. Examples of this literature included kinship care, mediation in family court and inclusive fosterage.

2.2 Face-to-Face Consultations

Individual and group consultations were held with key informants in FCSS. These included the Central Office Consultants, the Regional Program Coordinators, the Regional Directors, Managers, Supervisors and front-line Staff. The findings from tours to six FCSS regions are found in **Appendix C**. An information meeting was held with FCSS staff representing the FCSS Home Economists. In total, approximately 150 persons were reached by these consultations.

In order to have discussions and input into this Review from all partners in Child Welfare, a 2 1/2-day "large group" consultation (referred to throughout this document as the "Large Group Consultation") was organized. With a theme of "Shared Responsibility for our Children and Families", this consultation was designed and carried out with the assistance of the firm of Kathleen Howard & Associates, Inc., as facilitator. The purposes of this Consultation were to:

- Develop a shared vision for a child welfare system in New Brunswick;
- Provide an opportunity to share perspectives regarding the prevention of and protection from abuse and neglect of New Brunswick children, and to identify what was working well and not so well; and

- Recommend actions required by the various partners/stakeholders in order to strengthen the collective capacity to prevent and protect children from abuse and neglect.

A Design Team assisted the Facilitator and the CWRR Project Team in planning for this event. This Team was made up of representations from First Nations and the Departments of Education, Justice, Solicitor General and Human Resources Development and Housing. The consultation took place in Fredericton on April 13-15, 1999, and was attended by approximately 160 persons. Members of government departments, non-government agencies, hospital corporations, advocacy associations, foster parents, members of the Child Death Review Committee, members of professional groups and senior officials from the DHCS participated. Issues of collaboration, partnership and advocacy were discussed. As part of this Consultation, a workshop to develop a Draft Vision statement and set of beliefs for Child Welfare was conducted. The report of these proceedings and the recommendations to the CWRR Project Team are submitted as part of this Review in a document entitled: *Shared Responsibility for Our Children and Families.*

Finally, the CWRR Project Leaders were invited to participate in a separate consultation with approximately 15 staff in the Department of Justice to discuss the three questions from the perspectives of the Judicial System.

2.3 Administrative Data - Quantitative

The quantitative data, used primarily in **Section 5.0**, were acquired from the Department's Person Index, Case Registration and Resource Management subsystem of the RPSS client information system. Given the amount of data, it was decided not to include these raw numbers in an appendix, but rather the CWRR project team would provide them upon request.

2.4 Invited Comments

A Letter of Invitation was sent from the Assistant Deputy Ministers for Family and Community Social Services, Mental Health and Public Health to all staff in their respective divisions. The letter outlined the CWRR project and encouraged staff to communicate with the project team in letter format to convey their ideas concerning the answers to the three review questions. Over 40 letters were received, some representing a group response, for an approximate total of 60 respondents. Comments from these letters helped to inform the discussion of issues in **Sections 7.0** and **8.0** of this Report. A summary of responses is found in **Appendix D**.

2.5 Commissioned Research Reports

The CWRR Project Team commissioned two reports. In the first report, entitled: *Research on Case Management and The Systemic Approach in The Area of Child Protection Services*, an external consultant was contracted to research the literature and (1) provide clarity around the definition of "case management"; (2) describe the concept of "systemic therapeutic

intervention", and identify literature that addressed cost effectiveness of this practice in relation to other types of interventions; and (3) describe how the practice of "direct therapeutic intervention" could be integrated into a case management model. This research helped to inform the discussion in **Section 8.0.**

The second report was commissioned to provide an understanding of policy and program changes that occurred in the New Brunswick Child Welfare System from 1967 to the present. Entitled, *The Story of Child Welfare in New Brunswick*, this report will be the first comprehensive review of the System during this period of time, and is slated for release in 2000.

2.6 Overview of Findings from Other Child Welfare Project Teams

In order to provide a "comprehensive" picture of the NB Child Welfare System, an overview of the findings from the other Child Welfare Project Teams is included in **Section 9.0** of this Report. With the exceptions noted earlier in the **Preface**, these teams addressed primarily issues related to the Child Protection Program.

2.7 First Nations Child Welfare Agencies

The 12 First Nations Child Welfare agencies were invited to submit their own report for inclusion in this review process. Their report addresses the three review questions from the perspective of children and families living in First Nations Communities in New Brunswick. The report from First Nations is incorporated *in toto* in **Section 10.0** of this document. The issues and recommended solutions will be forwarded to the Senior Management Committee of the DHCS for further action.

2.8 Guardianship Evaluation

An evaluation by the Program Analysis and Evaluation Unit of the Department was underway at the time the Child Welfare Project began. The client group for this study are the former children ("graduates") in the NB Guardianship Program, and the evaluation provides first-hand knowledge about their experiences while a child or youth in foster care in New Brunswick. The evaluation is being conducted in three phases. A report of the preliminary findings **(Section 11.0)** has been provided to this Report by the principle investigator, Dr. Kathleen Kufeldt, Adjunct Professor, Muriel McQueen Fergusson Family Violence Research Center, University of New Brunswick, Fredericton.

2.9 Limitations

The main limitation of this Report is the absence of broader client perspectives in all but the foster care programs under child welfare in New Brunswick. This was due primarily to lack of sufficient time to make contacts with clients and to organize the appropriate data collection strategies. As a result, client information is available only from the preliminary results from the Guardianship Evaluation.

3.0 WHAT WE KNOW

3.1 What Children Need

On a fundamental level, all children - all people - require food, shelter and warmth. In addition, they require education. But the needs that really determine how a child's life will unfold are less tangible. They can only be described by the human attributes of affection, emotional security, a sense of feeling nurtured and a sense of feeling that there is some mastery or control over one's choices, whether as a baby choosing a toy with which to play, or a young teen deciding who to have as a friend.

In the ideal world, the above needs are met in strong, nurturing families. But when families are no longer able to provide for their children, the state intervenes and tries to be a good parent and provide those necessary intangibles. To help fulfill this daunting mandate to care for children, child welfare systems have developed standards and protocols to guide practice. Understandably, the system requires that service deliverers have a clear understanding as to what is expected and what processes are to be followed. But researchers in child welfare also argue that this prescriptive form of practice, " ...while eliminating management ambiguities, fails to address the ambiguities found in the work of social workers".[7] Marilyn Callaghan, in *Rethinking Child Welfare in Canada* (1993), questions whose needs are being met: the system, which has the task of being accountable for public dollars, or those of children and family. Callaghan believes that systems blur the mission, which should be a commitment to improving the lot of children and families.

The questions asked of us by Martyn Kendrick in his analysis of foster care in Canada, and found in his book entitled, *Nobody's Children,* gives us pause:

> "Can the needs of a child for love, affection, guidance and training be translated into a system of rules and regulations? We can *protect* children by removing them from abusive situations, but can we *care* for them?" [8]

Across North America, states and provinces are attempting to develop a vision for children's development.[5] Beliefs and values have been identified, and in most cases, the sentiments are aligned across jurisdictions. These beliefs and values are based on what children need in order to achieve a sense of well being. In the realm of child welfare systems, however, not withstanding the need for a vision as the beacon to guide practice, the "...balance between the need to protect and care for children, the availability of resources to carry out this task, and the protection of the civil liberties of families is yet to be found".[8] Achieving that balance is the challenge facing the child welfare system today.

3.2 The Barriers to Meeting Needs

3.2.1 Poverty

Family income is one of the key determinants of health and general well being.[9] It is also one of the main barriers, if not the main barrier, to meeting children's needs. In Canada, the measure of "poverty" is the low-income cut-off (LICO), which is calculated by Statistics Canada and based on income after government transfer payments, but before income tax is deducted. Though the LICO varies by area of residence, in general, the LICO for a family of three living in a community of less than 30,000 is $21,644 while for the same family in rural areas, it is $18,839.[10]

Poverty for low-income families results in poor housing, poor health, lost opportunities, isolation and poor developmental outcomes for children.[11] Results published in the National Longitudinal Survey for Children and Youth (NLSCY) show that children from low-income families perform poorly on reading-readiness tests.[12] They are also the group that does not complete school. This group of children and youth experience the highest rates of teen pregnancies, substance abuse and later as adults, unemployment. [13]

While abusing and neglectful parents are found in all economic strata, *poor families are over-represented among families in contact with child welfare agencies.* [14] Despite a parliamentary resolution to eliminate child poverty by the year 2000, Statistic Canada's data show that the number of young children who live in low income families, i.e., below the LICO, has increased from one in five families (1990) to one in four (1995).[15] These numbers are highest in families headed by a lone, young, female parent with low education.

In Canada, low-income families are reported to spend the largest percentage (59.0%) of their total income on meeting the basic needs of food, shelter and clothing. Most of the reminding income is spent on transportation (12%), the household (10%) and health personal needs (6%). Little is left over for recreation (5%) or educational pursuits (1%). [10]

In New Brunswick, the incidence of low income for all families with children, i.e., the child poverty rate, has averaged 20% over the past two decades. In 1996, it stood at 19.8%.[16] In a report issued from the Welfare Council of Canada, March, 1998, approximately 17,000 children/youths in NB were living on welfare in single parent families. In two-parent families, there were 10,000 children/youths, for a total of 27,000 children living below the poverty line. [17]

3.2.2 Individualism versus Collectivism

Clearly, the child welfare system predominately serves poor families. These families depend heavily on public services, which are funded by all levels of government. During the past decade, many government services have been curtailed as a result of the effort to reduce the government debt. Deficit reduction has impacted heavily on low-income families.

There has been a shift back to an emphasis on individualism and a belief that the poor should be doing more to help themselves. How does society justify this shift when it appears that the gap between rich and poor is widening?

> "The prevailing ethos in society is that personal conviction is sufficient to overcome personal misfortune. This idea emanates from our belief in a supreme self; an inner force capable of coping with adverse consequences, whatever these might be. Such belief is rooted in rugged individualism, in survival of the fittest, and in competition; values that characterize Canadian and North American society." [18]

> "We can choose to accept these values as immutable, as part of our unquestioned common sense; or we can choose to question their usefulness for child and family wellness."[1]

> "This philosophy of individualism contrasts with that of communatarian thinking which is " based on the assumption that without co-operation individuals cannot achieve their private goals."[1]

> "Hence, communatarian thinking strives to restore a balance between the pursuit of private and collective aims. We know that strong communities provide a better environment for children than weak communities. Essential public programs, sufficiently funded and effectively managed, can have long lasting and beneficial effects for children. " [11]

3.2.3 Teen Parenthood and Poverty

Poverty is by no means the only barrier to meeting children's needs. The issue of teen parenthood or "child having children", coupled with poverty, is among those factors which undermine the wellness of children.

According to the 1997 report from the Canadian Council on Social Development, " ...today's reality is that more and more teenage girls who follow through with their pregnancy are choosing to keep and raise their babies".[19] This trend makes the observation from the 1990 report from the National Welfare Council as relevant today as it was when first stated:

> "The most disturbing finding of this report is the strong link between motherhood and poverty. Very early childbirth often means that the consequences for children is that they are more likely to live in poverty and suffer the results because their young mothers cannot earn sufficient wages nor can she protect them from the risk of violence or sexual abuse." [20]

Research evidence shows that young maternal age is associated with an increase in the probability of child maltreatment.[21,22] Accordingly, it is encouraging to note that in New Brunswick, the number of live births per 1000 teens aged 15-19 has been decreasing almost steadily over the span of five years beginning in 1992. In 1997, the rate was 44.9 live births per 1000 population. The goal of the DHCS is to reduce that further to 36.5 per 1000 by the year 2000. [23]

3.3 The Debate - "Best Interest of the Child" versus Parental Rights

As recently stated by Dr. Nitza Perlman, (conference on child neglect, Saint John, NB, May 11-12,1999), the debate between interventionists and non-interventionists is "a minefield". At the

extreme, interventionists argue that children have a right to be parented well, and if that can't be provided within their natural family, then the state has an obligation to intervene. If the family is non-compliant and shows no chance of change - not "willingness" to change but "potential" to change, says Perlman - then children should be removed.

At the other extreme, non-interventionists argue for more preventive services that would help families before crises occur. Apprehension should be the measure of last resort. In the view of civil libertarians, parental rights are sacrosanct. The state is seen as providing support for parents who have the prime responsibility to look after their children. Intervention is justified only when family breakdown occurs, and the children are endangered.

In New Brunswick, the Family Services Act (FSA) enshrines the "best interest of the child". The Child Protection Program, which is the "front door" of the Child Welfare System supports families first in the belief that children do best in their own natural family, or barring that, in some FCSS service regions, with close kin. But, the dilemma facing child welfare is the juxtaposition of family support and child protection. A recent commentary by Andrew Armitage, a theorist in the field of child welfare, has described the situation succinctly:

> The more resources that can be put into family support, the lower the risk to children and the fewer instances when children have to be removed from their parents. As the costs of alternative resources for children are always higher than the costs of family support, the costs of the former can consume resources that could have gone to the latter. The problem in obtaining a balance between the two approaches is that, in each, risk has different characteristics. In the family support approach the risk is that a child will be left in his/her home and abuse and neglect will continue; in the child protection approach the risk is that the family and the child's life will be unnecessarily disputed and that the alternative care system will fail to meet the child's needs.[25]

Temporary removal of the child from the home is one level of intervention when there is reasonable hope that the child can safely be returned to the home. But, where parents refuse or are unable to ensure the safety and security of their children, parental rights are terminated. The Province upholds the "best interest of the child" under the Act.[26]

In 1998, a challenge to that philosophy was placed before the Supreme Court of Canada. In its decision, the Supreme Court upheld a ruling by a New Brunswick court that stated that whereas the birth parents showed no signs of change in behaviour, it was deemed in "the best interest of the child" to permanently remove the children *and* to deny access by the parents.[24] The parents claimed the right of access following a guardianship order, and the Supreme Court denied the application stating that it was not in the "best interest of the children" for the parents to have contact.

3.4 Permanency, Attachment and Resiliency

Permanency planning is both a philosophy and a method of practice. As pointed out by Maluccio *et al.* in *Permanency Planning for Children: Concepts and Methods,* the concept of permanency emerged in response to the problem of *drift* in out-of-home placements of

children.[27(p.36)] It addressed the concern that children were living apart from their families with little sense of stability or continuity in their living arrangements. Children were sometimes referred to as being "lost in the system". It also addressed the ideology that children needed one or more lasting attachments during the course of their development, and that the role of a child welfare system was to ensure that such attachments were forged in a safe living environment.

Permanency planning as a method of practice was originally applied to children who were entering, or were in, the foster care system. The criteria for urgent development of a plan included length of time in foster care, number of placements, minority status (racial) and special needs.[27(p.36)]

Repeated placements in the foster care system were an indicator that a child was experiencing difficulty in adjusting and was urgently in need of permanency.[8] Certainly, this was the case with the sad life of a young Alberta Metis, Richard Cardinal who was a child in the foster care at the age of four years. After years of shifting foster homes - 13 in 10 years, and changing schools, he committed suicide at the age of 18. His death brought national attention to the gaps in the social welfare system.

According to Maluccio *et al.*, permanency has evolved to now include the concept of preventing placing children out of their homes. Family counseling and other family support services are provided in the hope that the integrity of the family can be preserved. However, if the reasons for custody remain and the goals of the service plan are not met, then the child is taken into guardianship care.

Permanency planning implies goal setting with the parents, *incisive decision-making*, frequent case reviews and assertive case management.[27] The process begins with the biological parents. Initially, the child may remain in the home or be taken into temporary custody while services are being delivered to the home. Should improvement occur, the child can be returned home and the family is preserved. However, as already stated, if the reasons for custody remain and the goals of service delivery are not met, the child will be placed in guardianship (foster care) until a plan for permanency can be developed.

Attachment and bonding theory provides part of the rationale for the philosophy of permanency.[28] The research findings emerging from studies of attachment disorders in very young children, and the consequences of those disorders, are chilling. In the excellent book entitled: *Rethinking the Brain: New Insights into Early Development,* published by the Families and Work Institute in the United States, the following information was presented on brain development and attachment in children: [29]

- A warm, secure, attachment bond between the caregiver and the young child helps in promoting early brain development;

- The impact of environmental factors on the young child's brain development is dramatic and specific, not merely influencing the general direction of development, but actually affecting how the intricate circuitry of the human brain is "wired";

- The human brain has a remarkable capacity to change, but timing is crucial;
- There are optimal periods of opportunity - "prime times" during which the brain is particularly efficient at specific types of learning;
- The brain's plasticity also means that there are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and sustained effects.

Three experts in the area of attachment theory recently described and illustrated case examples from their own research that showed that "attachment" was a fragile process in a young child's life (conference on child neglect, Saint John, NB, May 11-12, 1999). If by the age of three, a child had no permanency in a peaceful, safe environment with a constant caregiver figure, then that child was at risk for future psychological and social development difficulties. From the research of these experts, it is clear that the timing of decisions about future residency is critical in cases where children must be permanently removed from their birth homes.

Though many states and provinces in North American support the idea of permanency planning, the fact that many children remain in foster care points to barriers to implementation. According to Dr. Paul Steinhauer, one of Canada's leading authorities, some of the problems have to do with "politics" and "economy". Removing the child from the birth home may be anathema to public perception of the state interfering with the lives of families. Also, it costs the state to maintain someone else's child. In 1991, Steinhauer wrote:

> "...the concept of permanency planning has, despite the seemingly unchallengeable virtue implied by its title become badly confused and distorted by accumulated rhetoric ...what permanency planning should mean (is) actively clarifying and determining the intent of a given placement, and during a temporary placement, aggressively planning and working towards permanence." [30]

As well, the system is fraught with problems ranging from court delays, lack of trained foster parents, less emphasis placed by systems on adoption, and the entry into the system of hard-to-place children, i.e., those of an older age, and those with special needs.

While acknowledging the importance of emotional attachments and the need for permanency in the lives of children, it is also noteworthy that not all children who experience adversities in their young lives suffer consequences that later prevent them from reaching their potential as adults. What seems to make the difference is the phenomenon of resiliency.

Resiliency is described in Webster's Ninth New Collegiate Dictionary as " an ability to recover from or adjust easily to misfortune or change".[31] Characteristics of resilient children have been described as having:

> "... an active, evocative approach to problem solving enabling them to negotiate an array of emotionally hazardous experiences; an ability from infancy to gain others positive attention; an optimistic view of their experiences even in the midst of suffering; an ability to be alert and autonomous; and an ability to maintain a positive vision." [32]

Family factors also have been found to contribute to resilience in children. Quoting the results of several longitudinal studies, Rak *et al.* have reported that despite poverty and other stresses, "at risk" children did best in households where there were the "buffering effect" of fewer children (spaced more than two years apart); little prolonged separation from the primary caregiver, grandparents and/or kin who shared the same beliefs and values that were present in the child's life, and where there were structure and rules in the home. [32]

More recent research literature supports the importance of permanency planning, but extents beyond this concept to fostering resilience. In a 1997 paper in the *Quarterly Journal of British Agencies for Adoption and Fostering*, the argument is made that when practitioners in child welfare assess a child's ability to cope, survive and thrive in an environment of hurt and disadvantage, that they should include measures of the resilience. [33] They cite examples of measures of resilience in older children such as the ability to build and sustain friendships, and the desire and willingness to be involved in those activities that touch their daily lives.

4.0 MOVING IN THE RIGHT DIRECTION

The Terms of Reference for this Review required that in addition to identifying issues and proposing solutions for an improved child welfare service delivery in New Brunswick, that this Review would also identify positive features of the present system. Although the Review mandate included the potential to "redesign" the system if it were felt to be necessary, there was no desire to "throw out the baby with the bath water". Throughout the life of the project, the Team continually searched for mechanisms that were felt by many to be helpful and should be retained and improved.

The features listed below are those that the CWRR Project Team chose from the many offered. The inclusion of a feature here does not mean that it is perfect and cannot be improved. In fact, some of these features are discussed later in Sections 7.0 and 8.0 as issues. It does mean however, that these features were generally seen as positive.

4.1 Programs, Standards and Protocols

Interdepartmental Protocols for Child Victims of Abuse have been in place since the late 1980's to enhance interdepartmental collaboration in Child Protection with the police, the Education system, hospitals, Human Resources Development, Municipalities and Housing; and within the Department with the Divisions of Mental Health and Public Health.

Joint Child Protection investigations with the police, begun in the late 1980's have improved cooperation and clarified roles.

A Risk Management System was introduced in 1996 to support professional judgement in decision making in Child Protection Services.

The Early Childhood Initiatives (ECI) which were introduced in 1993 to provide a province-wide, integrated service delivery of seven programs delivered by Public Health or FCSS for serving prenatal mothers, and child from birth to school entry who are at risk of developmental delay. Annual statistics confirm that on average, 30% of all newborns in New Brunswick screened at birth score in a risk category. Evaluations are underway in some of these programs.

The Support Services to Education (SSE) was introduced in 1988. Its goal is to help children to function better in the classroom by offering rehabilitation supports and social services to students and their families. The staff of SSE are employees of the DHCS and, therefore, are able to link closely with the Child Welfare services of the Department. This program was evaluated for effectiveness in 1996 and was found to be effective both from the perspectives of teachers and from SSE service providers.

Community Based Services for Children with Special Needs (CBSCSN) program was introduced in 1985 within the FCSS Division. The program provides a range of supports to parents which enable children with developmental disabilities to remain within their families and

communities. Prior to the introduction of this program, families were sometimes forced to seek help from the Child Welfare System.

Beginning in 1983 the Province signed with four First Nations as party to the **Tripartite Agreements,** along with the Government of Canada. By 1994, all First Nations in New Brunswick had signed similar agreements. These Agreements transferred responsibility for the delivery of child welfare services to First Nations Agencies. All First Nations are covered by such agreements, which permit the delivery of culturally responsive services to First Nations' children.

New Brunswick Youth Treatment Program (YTP) was announced in 1993/94 to address the needs of youth with severe conduct disorders. There is a provincial Coordinating and Resource Team, thirteen regional YTP teams and a six-bed in-patient facility for assessment of conduct disordered youths between the ages of 12 and 18. The program is a collaborative partnership between FCSS, Mental Health, the Department of Education and the Department of the Solicitor General. The regional teams help in the development of service plans for youths and children, and this has resulted in an improved capacity to serve youths closer to home. An evaluation of this program is currently underway.

"Looking After Children" Assessment and Action Tool has been tested in four regions within New Brunswick. This service-planning tool focuses on outcomes for children in foster home care across seven key dimensions that relate to parenting. Its purpose is to provide improved outcomes for children in the care of the state. The initial response to the use of the tool has been positive. A decision has been made to implement the Looking After Children approach for all children under guardianship care.

Child at Risk Teams (CART) were established in all regions during 1998 and 1999. These interdisciplinary and interdepartmental teams provide a means whereby service providers are able to work collaboratively toward the goal of protecting children.

Permanency Planning Philosophy was adopted in the early eighties and became a key element in the New Brunswick Child Welfare System. Its goal is to provide long term stability for children requiring service under child welfare. Its implementation was evaluated in 1988/89.

4.2 Training and Human Resources

There was an overall strong sense on the part of the CWRR Project Team that the child welfare services were being delivered by a **highly committed group of professionals**. They are dedicated to their work and believe that they are making a difference in the lives of children.

Professionalization of child welfare has been enhanced with the DHCS policy (1985) and legislation (1989) requiring social workers in FCSS to have a minimum of a bachelors degree in social work (BSW) in order to be employed. This has helped to ensure a common philosophical base and professional competency.

4.3 Legislation

The **Family Services Act** is still seen as progressive legislation, which reflects the "best interests of the child". Frequent amendments over the years since its proclamation in 1981 have helped to keep it current. Recently its preamble has been modified to support more strongly the best interest of the child; and Section 11 of the FSA was amended to open the door to sharing of client information necessary for service provision.

4.4 Administration

The **Child Death Review Committee** was established by Ministerial appointment in early 1998 to keep an on-going "eye" for systemic weakness in the child welfare system. This has helped to ensure the public accountability of the child welfare system.

The **After-Hours Emergency Social Services (AHESS)** is a province-wide, bilingual, centralized after-hours system that was implemented in the mid-1980s. It replaced a variety of regional telephone answering systems for responding to urgent after-hours calls related to child welfare and other critical services. This system has resulted in a more efficient, standardized telephone response system which allows every caller to speak initially with a social worker, who in turn contacts the "on-call" social worker in the caller's region when necessary.

The Person Index System was introduced in 1985, is an automated client information system which quickly identifies anyone who has contact with FCSS anywhere in the Province. Previous Child Protection referrals and a record of previously open cases are all easily accessible to front-line staff in any FCSS region.

Continuous Quality Improvement (CQI) has been viewed by the staff as a way to provide an opportunity to make improvements in how they work. There have been a wide variety of teams established to search for work improvement processes at the local level. CQI is seen as being supported by the **Enablement Initiative** whereby the FCSS Divisional Management seeks to empower front-line staff in carrying out their work.

4.5 General

Being a relatively small, homogeneous province with a stable population means that extended family and community networks still exist for many families in New Brunswick. The rural character of most of the Province also contributes to strengthening these linkages.

In 1967, under the "Equal Opportunities" program the Province assumed responsibility for directly funding and delivering child welfare services. As a consequence, the level and quality of services have been more equal than before. Although the FCSS regions put their own "flavor" on how the services are delivered, nevertheless, they all follow the standards and protocols that guide practice.

5.0 STATISTICAL PROFILE OF NEW BRUNSWICK CHILD WELFARE

A preliminary study of the NB Child Welfare System was undertaken in 1998. In the report on this study, *An Overview of Child Welfare in New Brunswick*[4], the Province's socio-demographic profile was described and some of the major issues facing the Child Welfare System were identified. The section which now follows builds on that previous work by examining at another level of detail indicators of permanency planning, sources and types of referrals to the System, time to dispose of cases, etc. Where thought to be appropriate, regional data standardized against the child population are compared. Census data are now available at the regional level, making it possible to examine referral rates and cases in a manner not previously possible.

Sources of Data :

Annual Reports - Department of Health and Welfare (1967-69)
Annual Reports - Department of Social Services (1970-85)
Annual Reports - Department of Health and Community Services (1986 to present)
Child Protection in New Brunswick (1986-1994)(unpublished report of a descriptive data analysis)
An Overview of Child Welfare in New Brunswick (1998)
Reports from the RCWD System
Reports from the RPSS System
Census Data, Statistics Canada 1986, 1991, 1996

5.1 Limitations

The primary source of data for this analysis is the RPSS system, which has been in place since 1984. RPSS has a number of limitations that impact the validity of data analysis. Some of these limitations are:

- ***Definition of a Referral***: Through the RPSS system, first-time referrals on families can be easily tracked. But, subsequent referrals on families that are already receiving service are sometimes entered by social workers into the system in different ways. These multiple referrals can be entered as "referrals" or they can be coded as "case events". For the purpose of this analysis, only first time "referrals" were included. That is, because of possible confusion with these two designations, "case events" and "referrals" on the same family were excluded from the analysis.

- ***"Children- in- Care"***: This term is used sometimes to refer to any child for whom there is a current Court Order of any type. At other times it refers only to children with custody or guardianship orders. There are a small number of children in the Province who are supervised in their own homes under a Supervisory Order. In some annual reports, this small group is included in the statistic "children- in- care", while in other reports they have been

removed. For the purpose of this analysis, "children-in-care" will refer only to those children who are under an order or agreement authorizing care *outside* of their family homes.

- ***Social Worker Transfer:*** One indicator of how the Department is adhering to the principles of permanency and continuity is the number of times the social worker for a particular family changes. RPSS does track social worker changes, but the administrative procedures in some regions inflate the number of changes. Some regions have the initial investigating social worker in the Access Unit open the child protection case, then transfer it to the child protection supervisor who then assigns a Child Protection social worker. In this scenario the case would have had three social workers registered in RPSS. Other regions do not register the protection case until the Child Protection social worker is assigned, meaning there has been only one social worker recorded. *The CWRR Project Team, therefore, decided to exclude change in social worker data from the analysis.*

Note: The Years 1985-86, 1990-91 and 1995-96 were chosen for most reports. In determining these years, the CWRR Project Team took into account the following factors:

- 1985-86 was the first year that reliable case data were available from the RPSS system.
- 1990-91 and 1995-96 were years that Census data were available, enabling standardized child population comparisons to be made between FCSS regions

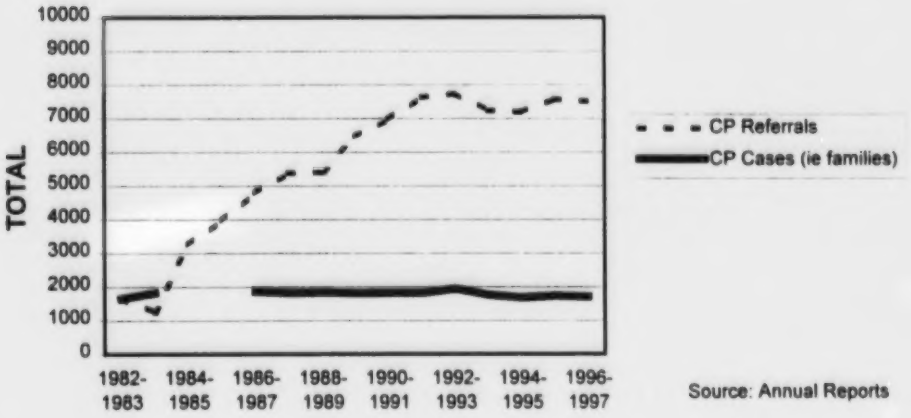
Where possible, data from the 1998-99 fiscal year (ending March 31,1999) were used.

5.2 Referrals

5.2.1 Referral Rates Over Time

Since the introduction of the RPSS system in 1984, referrals for Child Protection have increased dramatically (Figure 1). In 1982-83 there were 1,237 CP referrals cited in the Department's annual report. Thirteen years later, in 1995-96 there were 7,668 referrals. Although the Child Protection referrals peaked in 1991-92 (N=7820), rates have remained high. Paradoxically, the actual child protection caseload has remained relatively level over the same time period. How can this gap between a referral rate in excess of 7,000 per year, and a caseload of 1600 be explained? Some reasons may be as follows:

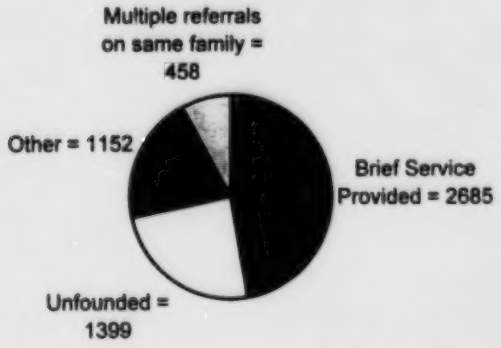
Fig 1 - Child Protection Referrals and Cases 1982 83 to 1996-97



- Of the 7,668 Child Protection referrals in fiscal 1995-96, only 5,252 families were involved. The remaining 2,418 referrals (or 31.5% of all referrals) were second, third, fourth, etc. referrals on the same family. As indicated earlier, some regions do not record subsequent (duplicate) referrals on the same family as referrals, but rather they register them as "case events". Other regions register them as referrals. The actual number of referrals would be higher if all regions followed the same practice and recorded them as referrals, rather than "case events".

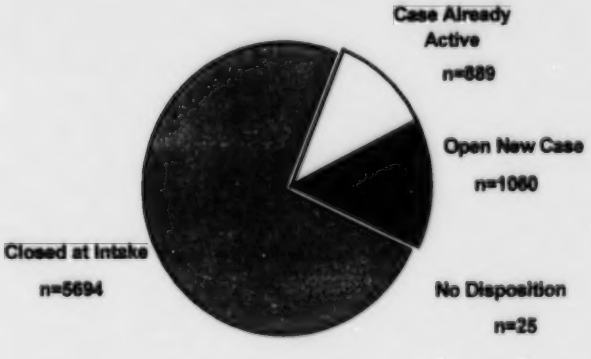
- A significant number (n=2685) of the referrals that were "closed at intake" were given brief service by the investigating worker. While there were valid child protection issues raised, the investigating worker was able to resolve the issue satisfactorily without having to open a case. This suggests a "hidden" protection caseload, which means that the number of protection cases is actually under-represented as it does not take into account these short-term services (Figure 2). Today, one-third of all Child Protection social workers are in the Access Unit, reflecting the increased emphasis on assessment and on short-term intervention.

Fig 2 - Referrals That were Resolved without Opening a Protection Case (i.e. Closed at intake) 1995-96 (N=5694)



- In 1995-96, 889 (12%) of the 7,668 referrals relate to cases that were already open for Child Protection service (Figure 3).
- The actual "unfounded" rate in 1995-96 was 18.2% (1399) of the 7,668 referrals.
- In 1995-96, 13.8% (1060) of referrals resulted in the opening of a case.

Fig 3 - Disposition of Child Protection Referrals 1995-96 (N= 7668)

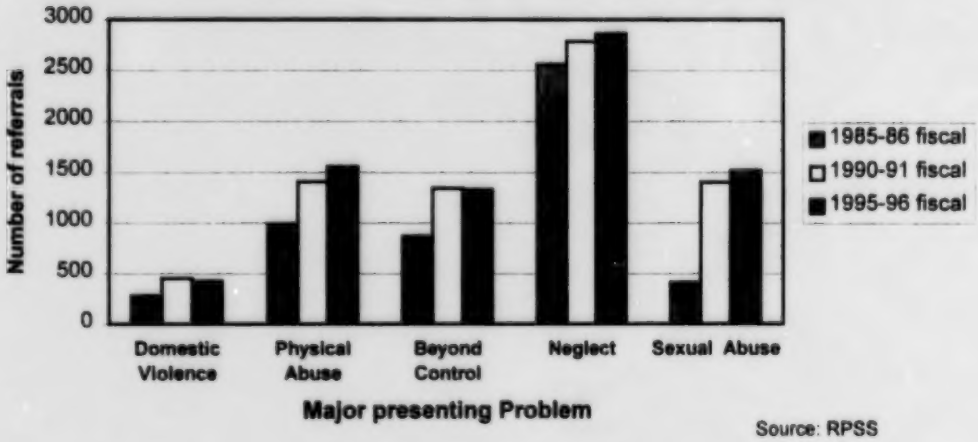


5.2.2 Referrals by Major Presenting Problem

> *Note:* ***FCSS Regions differ in their methods of recording referrals received on families already opened as cases. Therefore, in the sections which follow, only first-time occurrences of referrals are examined. The exception to this is Section 5.2.5 where the total number of referrals of 7,668 is used in the analysis.***

Although all categories of referred maltreatment have increased in the past 10 years, the rate of increase was most dramatic in terms of sexual abuse (over 133% from 1985-86 to 1995-96). As shown in Figure 4, there has been very little change in the relative distribution of referrals by problem between 1990-91 and 1995-96. Neglect remains the most frequently referred category, accounting for about one third of all referrals made. Contrary to the perception of some child welfare social workers, the referrals in the "beyond control category" have not shown an increase from 1990-91 when compared with 1995-96.

Fig 4 - Referrals by Presenting Problem



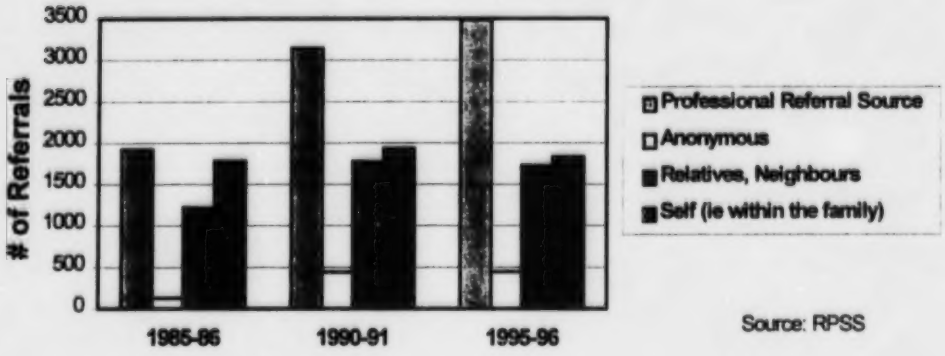
Source: RPSS

5.2.3 Who Makes Child Protection Referrals?

The majority of referrals (i.e. approximately one-half) to Child Protection Services for all years from 1985-86 to 1995-96 were from professional sources (Figure 5). These sources included staff in the Departments of Health and Community Services, Education, Justice; as well as service providers in communities. Referrals from within the family constituted the second greatest referral source, followed closely by relatives and neighbours. About 6% of referrals made in 1995-96 were anonymous, i.e. by persons who refused to identify themselves. Over the

10-year period, beginning in 1985-86, referrals in all categories of referral type have increased with the exception of referrals from within the family, which have remained about the same.

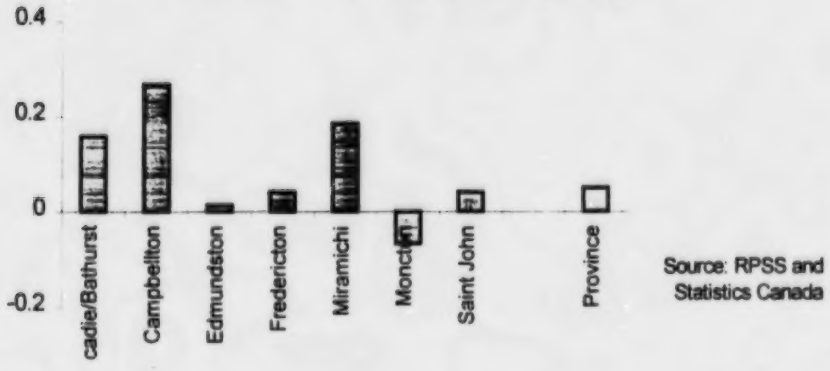
Figure 5 - Referrals by Type of Source



5.2.4 Relative Region Differences

The number of children suspected of maltreatment per 1,000 children in the population is a measure that is often used to compare referral rates between geographical regions and jurisdictions. In Figures 6 and 7, child protection referrals are examined in the years 1990-91 and 1995-96, relative to the number of children living in each region.

Fig 6 - Difference % in Children Referred (per 1000) Between 1990-91 and 1995-96 by Region

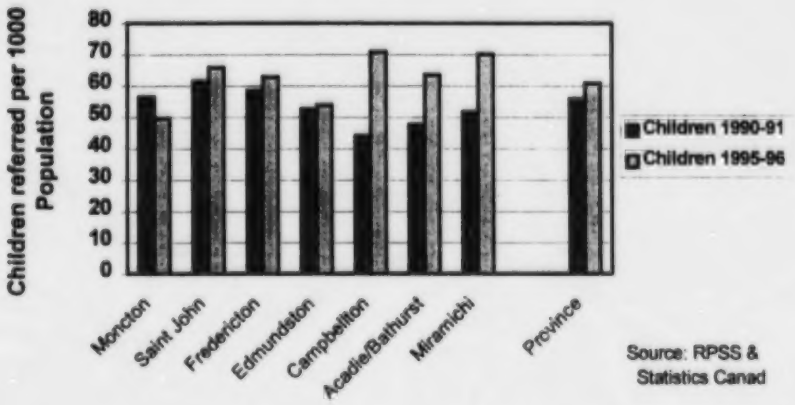


The greatest increase in % of referrals is seen in the Campbellton region, followed by Miramichi and Acadie/Bathurst. Referrals of suspected cases of maltreatment are the lowest in the Moncton region and have shown the most significant decline between years. In fact, as shown in Figure 7,

Moncton and Edmunston are the only regions with referrals below the province average for 1995-96.

The New Brunswick referral rate to Child Protection of number of families in 1995-96 was 60.8 per 1,000 children.

Fig 7 - Children Referred by Region 1990-91 and 1995-96



5.2.5 The Investigation Process

Whereas in 1985-86, 60% of referrals were disposed of within one week, only 30% were completed in the same time period in 1995-96. Although there have been differences between regions in the way in which they deliver Child Protection services at the referral level, there is a distinct trend towards spending more time in the initial investigation process (Figures 8 and 9). It is also worth noting that those referrals that have remained open in the investigation stage for over three months have declined.

Fig 8 - Duration of Child Protection Referral Investigations (1995-96) By Region

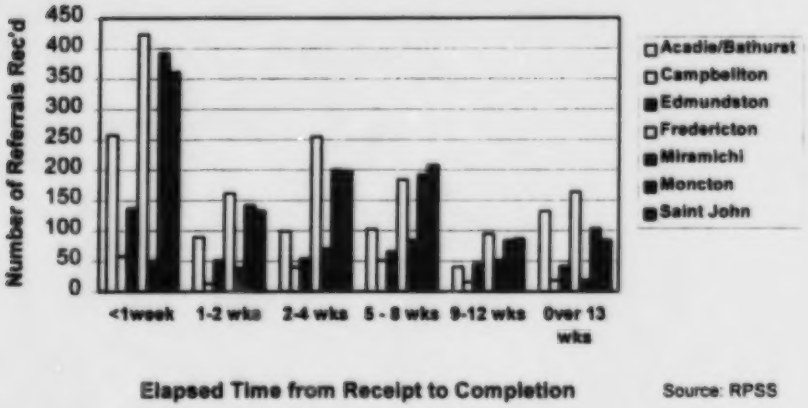
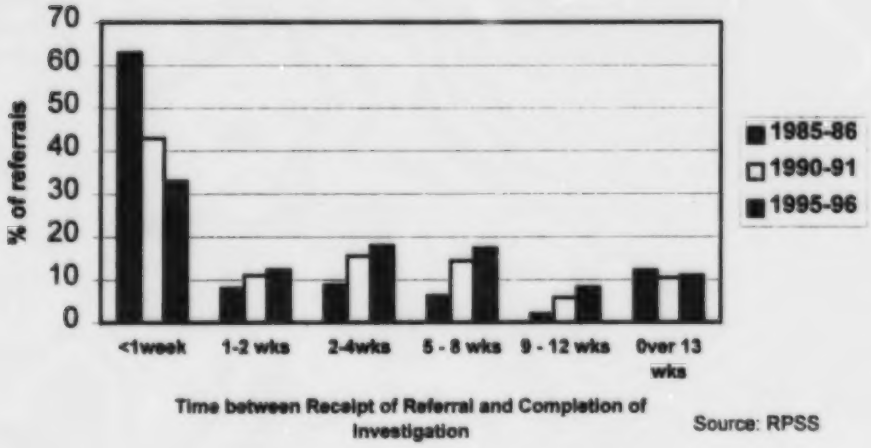


Figure 9 shows that since 1985-86, investigations have taken longer to complete. In 1995-96, the provincial standard of *one month* for completion of the investigation is not met in 35% of the investigations. Despite the fact that often cases are not opened, short-term services are being provided at the intake level. It can be speculated that the complexity of cases, plus the need to be thorough in checking with other collateral sources takes more time than before.

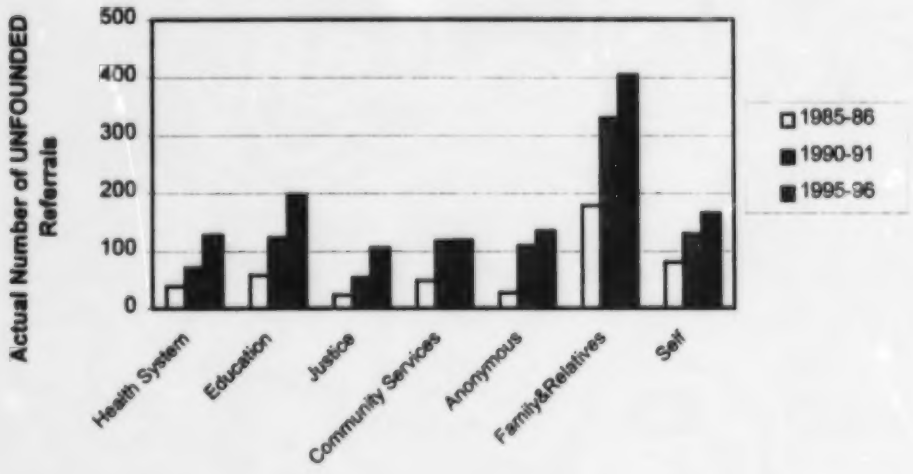
Fig 9 - Duration of Child Protection referral Investigations (Provincial)



5.2.6 The Result of the Investigation of the Referral

Out of 7,668 referrals made in 1995-96, 18.2% (n=1399) were considered to be "unfounded" after investigation (Figure 10). The RPSS Standards do not define what constitutes an "unfounded" referral, so there could be some inconsistencies between social workers and regions in the use of this category. Nevertheless, the number of "unfounded" referrals has increased since 1985-86 from all types of referral sources. There is no obvious explanation for this, other than that raised by staff in the consultation process, namely that training on child protection protocols has not been ongoing. This stresses the need to provide regular training to professionals who make referrals to Child Protection.

Fig 10 - Unfounded Referrals by Referral Source Type

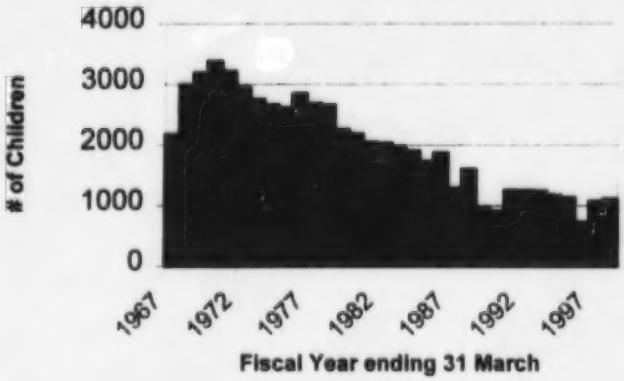


5.3 Caseload

5.3.1 Caseload Trends

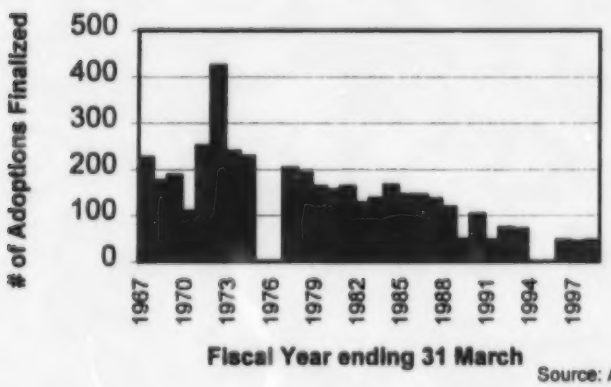
The number of cases that were open in two of the three main Child Welfare program areas, Children-in-Care (Figure 11) and Adoption (Figure 12), has been steadily declining since 1973. In the early 1970's, there were over 3,000 children-in-care, while today there are approximately 1,100. Similarly, departmental adoptions, (as opposed to private adoptions) have declined from a high of 425 in 1973 at the height of the ADACHILD Program (1971-72), to a present average of 40 per year.

Fig 11 - Children in Care
1966-67 to 1997-98



The decline in the past 30 years in the number of children-in-care and in adoptions is not peculiar to New Brunswick. During most of these years across North America the focus has been on preserving the family. Children were only removed from their parents as a last resort, and then usually for a short time. Resources were directed to the support of the parents and to assisting them to resume parenting where children had to be temporarily removed. Similarly, the stigma attached to unwed mothers keeping their babies has greatly diminished during this period. The social support system helped young mothers so that they could avoid being forced to place their babies for adoption.

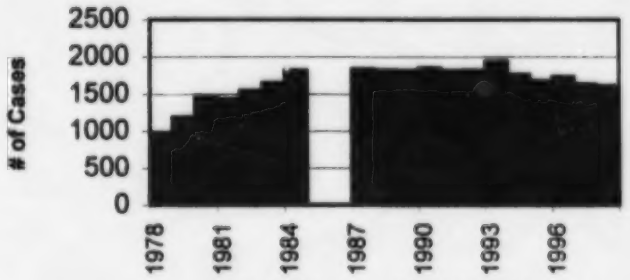
Fig 12 - Deparmental Adoptions Finalized
1966-67 - 1997-98



Source: Annual Reports
and Adoption Program Staff

In the Child Protection program, the caseload was relatively stable from 1984 to 1994, though it has declined slightly since that time (Figure 13). Possible explanations for this decline are:

Fig 13 - Open Child Protection Cases



Source: Annual Reports & RPSS

- In the years 1987 to 1997, the number of FTE's dedicated to ongoing child protection remained constant, i.e. time available for staff to handle Child Protection cases did not increase. Thus, it is possible that the decision as to whether or not to open a child protection case may be related to the actual capacity of staff to respond given that referrals increased over this period (Figure 1).

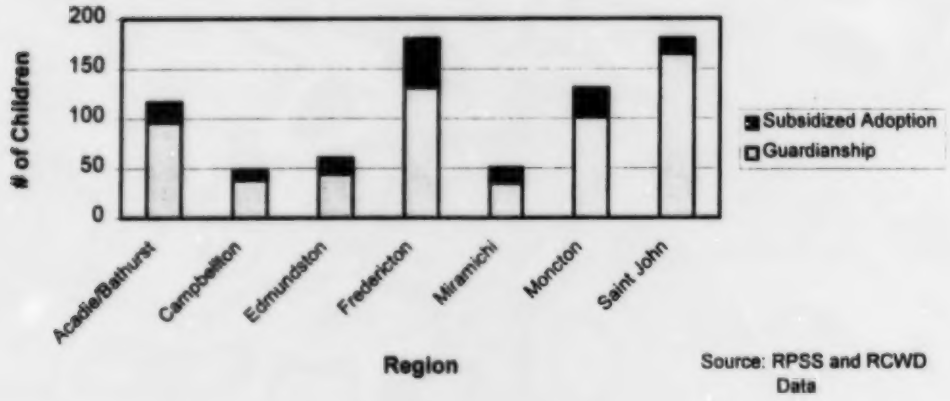
- As previously mentioned, the large number of situations that were provided brief service at the investigation level constitutes a "hidden" protection caseload.

- Although the population of children under age 16 in NB has been declining - there were 162,665 children 15 and under in 1991, and 155,165 in 1996 - the Child Protection program is involved with a greater number of children per 1,000 of the population.

5.3.2 Subsidized Adoption Program

This program offers a financial subsidy to adopting parents where there are special circumstances. It is designed to encourage the placement of older children, sibling groups, and special needs children in adoption homes. The caseload of children living in this subsidized arrangement has been relatively unchanged over the past 5 years, staying at an average 150 children per month. It should be noted that not all regions have taken advantage of the program at the same rate, as data indicate in Figure 14. In proportion to the number of children in guardianship, Saint John Region, for example, has a significantly smaller number of subsidized adoption cases compared with all other regions.

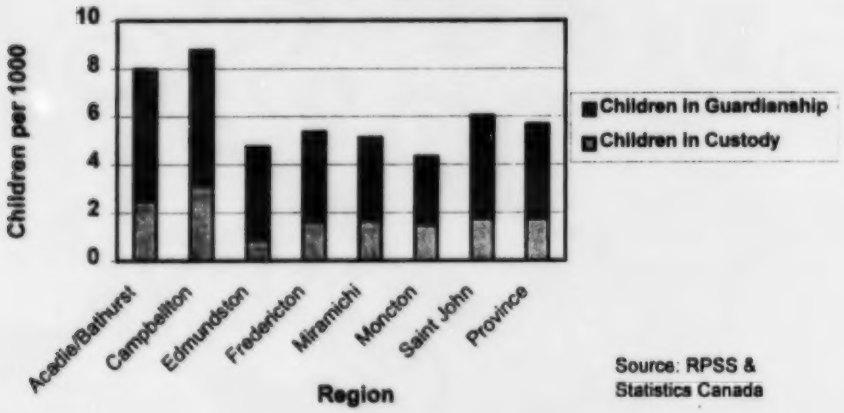
Fig 14 - Guardianship Cases Compared to Subsidized Adoption by Region (March 31, 1996)



5.3.3 A Snapshot of Children-in-Care per 1,000 Population by Region (March 31, 1996)

The incidence of children-in-care varies between regions (Figure 15). While the provincial rate per 1,000 children for both custody and guardianship combined is 5.6, in Campbellton (8.7) and Acadie/Bathurst (8.0), the combined rates are noticeably above the provincial rate. In the Edmundston Region, the rate for children coming into short-term care (custody) is 0.9 per 1000 children, which is well below the provincial rate of 1.7, and in obvious contrast with the neighbouring region of Campbellton where the rate for children in custody is 3.1.

Fig 15 - Children in Care Per 1000 of Population - By Region (March 31, 1996)



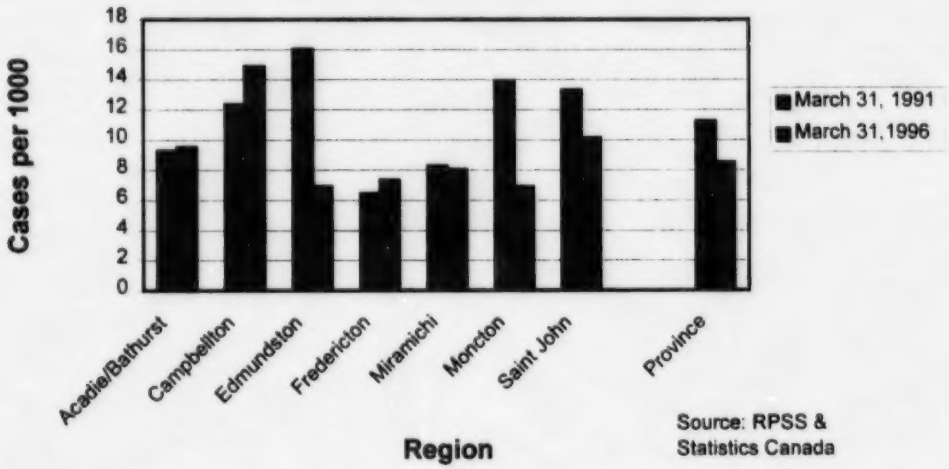
5.3.4 A Snapshot of Child Protection Cases per 1,000 Population by Region (March 31, 1996)

Although the rate of Child Protection cases per 1,000 children in New Brunswick on March 31, 1996 was 8.9, differences exist between regions. Figure 16 reveals that when the incidence of Child Protection cases per 1,000 children on March 31,1991 is compared with that on March 31,1996, there is a substantial variation seen between regions for each of the two years. In 1991 both provincially and in three regions, the Child Protection cases per 1,000 were noticeably higher than in 1996. In 1996, only Campbellton, Fredericton and Acadie/Bathurst saw the rate of Child Protection cases per 1,000 increase from the 1991 snapshot date. In Edmundston, Moncton and Saint John, the rate dropped noticeably.

Several reasons may be proposed for why these regional differences exist. There may actually be higher rates of abuse and neglect in some regions due to, for example, socio-economic factors; or there may be other reasons. For instance, the "bar" for entry to the program may vary by region, the philosophy of intervention may differ, or the application of standards may vary.

Fig 16 - Snapshot of Child Protection Cases per 1000 Children

March 31, 1991 and 1996

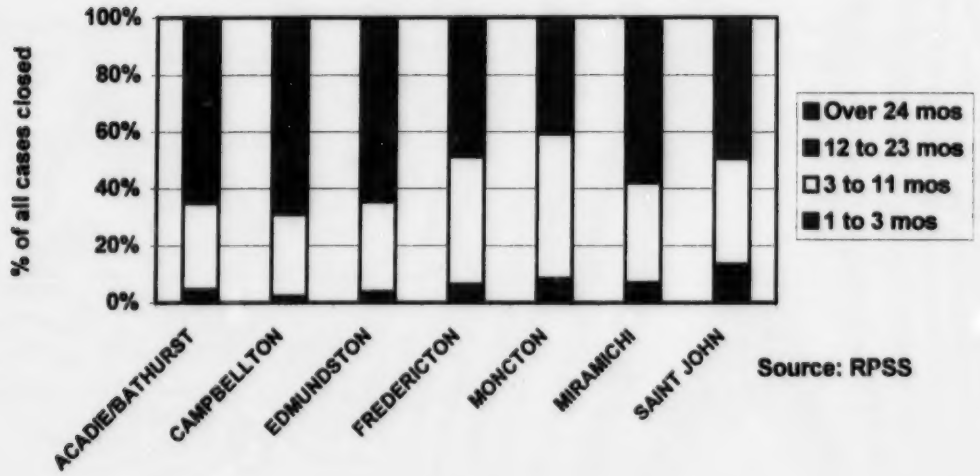


Source: RPSS & Statistics Canada

5.3.5 Duration of Cases Open in Child Protection

A further example of regional differences is how long a Child Protection case remains open. As is indicated in Figure 17, cases tend to stay open longer in Acadie-Bathurst, Campbellton, Edmundston and Miramichi regions. Whereas, in Fredericton, Moncton and Saint John regions, at least 50% of closed Child Protection cases had been open for less than one year.

Fig 17 - Duration of Open Child Protection Cases 1995-96



The length of time a Child Protection case is open can be used as an outcome measure and, in fact, it is the only Child Welfare measure that is presently reported in the New Brunswick Government's yearly report on performance measures. As shown in Table 1, since 1993-94, the trend has been that fewer cases are being closed within the two year period. *That is, increasingly, the goal is not being met.* Some explanations for this may be the complexity of cases, as well as not enough resources to meet the standards regarding time to service a case (ref. Audit Report, Child Welfare Project, 1998).

Table 1. Percentage of Child Protection Cases Where the Service Plan Goal Is Met Within Two Years of Case Opening.

Year	Actual (%)	Target: 1999-2000
1993-94	79.0	80%
1994-95	77.5	
1995-96	78.1	
1996-97	74.9	
1997-98	74.4	
1998-99	74.5	

Ideally, one of the ways that CP service could be evaluated for effectiveness is to have an accompanying measure of recidivism. In 1995-96, the recidivism rate was determined to be 17.3%, i.e. cases re-opened within one year of closing. Unfortunately, recidivism data as presently collected in the RPSS system need to be interpreted with caution. Each social worker decides when registering a case whether or not it is a new or a reopened case. There are some differences between social workers and between regions in defining what is meant by "reopened", making reports that use this data element questionable.

5.4 The Legal System

5.4.1 Volume of Custody Agreements and Orders

Table 2 indicates that on December 31, 1996, there were 880 orders or agreements related to children-in-care across the province. "Children-in-Care" means children with a status of custody or guardianship, whether by agreement or order. In this analysis, children under a supervisory order are excluded, as they remain in their own home.

Some kind of order or agreement was in effect in 20.7 % of the Child Protection caseload on this given day. Note that guardianship agreements are not used in Child Protection cases.

Table 2. Snapshot of Regional Differences with use of Orders and Agreements December 31, 1996

	Custody Order	Custody Agreement	Guardianship Order	Guardianship Agreement
Bathurst	25	19	92	4
Campbellton	10	11	35	3
Edmundston	0	10	38	6
Fredericton	12	46	130	1
Miramichi	10	8	32	3
Moncton	17	36	86	15
Saint John	50	17	163	1
Total	**124**	**147**	**576**	**33**

Of note are the differences in practice between regions for custody orders and custody agreements. Saint John and Bathurst had more custody orders than custody agreements, while Edmundston had no custody orders in the RPSS system on that day. Moncton, Fredericton and Edmundston significantly used custody agreements more often than orders.

Some factors that could account for variance are:

- ***Regional policy*** - In Saint John Region in 1995-96 there was a policy in place that custody agreements were only to be used in exceptional cases, and they required the approval of the regional director.

- ***Access to court*** - Where social workers experience delays in getting a court hearing or where the time requirements of the court are more rigorous, staff are more inclined to seek an agreement.

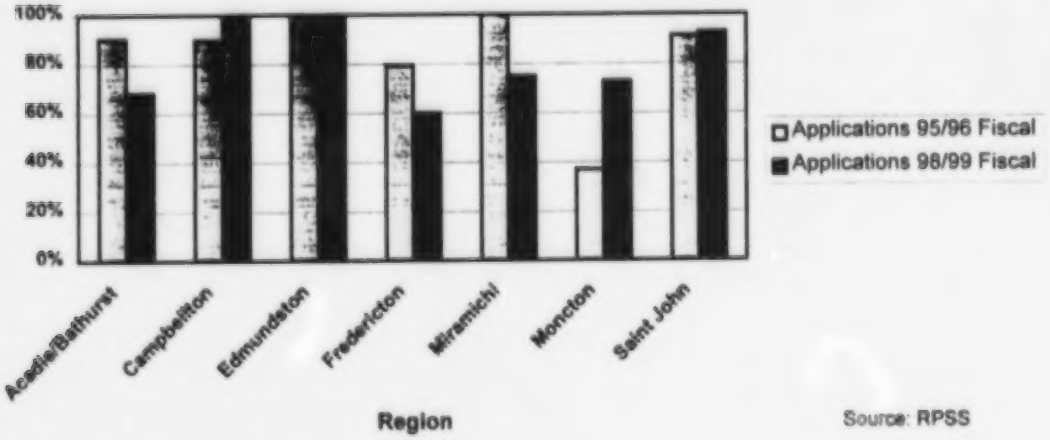
- ***Service delivery*** - In offices such as Edmundston where social workers are more often involved in a direct therapeutic relationship with their clients, they are more likely to seek agreements than in regions, such as Saint John, where there is less direct therapy delivered.

- ***Use of Supervisory Orders*** - Regions which frequently use supervisory orders such as Saint John or Acadie/Bathurst are more likely to proceed with a custody order application if the terms of the supervisory order are not being followed.

5.4.2 Time to Dispose of Guardianship Applications

The legislative standard to dispose of a guardianship application is *one month* from the date of application (Subsection 53(3) of the Family Services Act). During the regional consultations and in written feedback, staff frequently reported that the court system was not responsive to the sense of time that is needed in order to accomplish permanency for a child. In order to determine the responsiveness of the court, all cases where guardianship was granted in 1995-96 and in 1998-99 were examined. Specifically, the length of time that elapsed between the application for guardianship and the final disposition of the court was determined. Figure 18 shows that a decision was delivered within 3 month period in 1995-96, 90% of the time in Acadie/Bathurst, but only 66% of the time in 1998-99. Fredericton and Miramichi regions also saw an increase in the time the court process took to resolve guardianship applications between 1995-96 and the last fiscal year. In Moncton, there was an improvement in processing time, though in one quarter of the cases the process still took over three months to complete. Both Edmundston and Campbellton saw all cases resolved within 3 months in 1998-99.

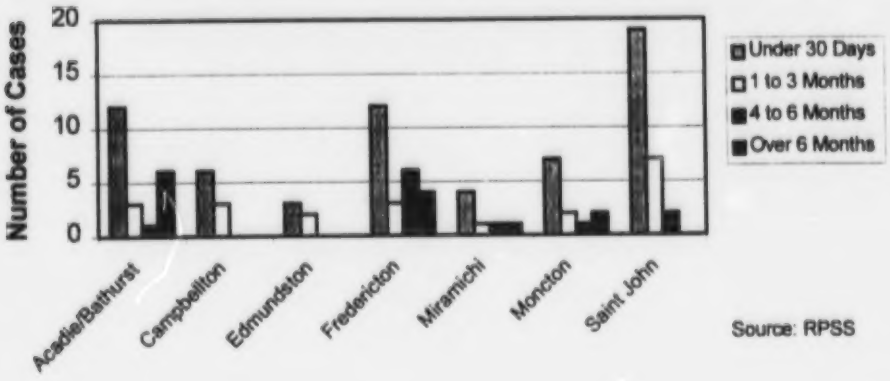
Fig 18 - Comparison of Guardianship Applications (%) Disposed of by Court within 3 Months, 1995-96 and 1998-99



Source: RPSS

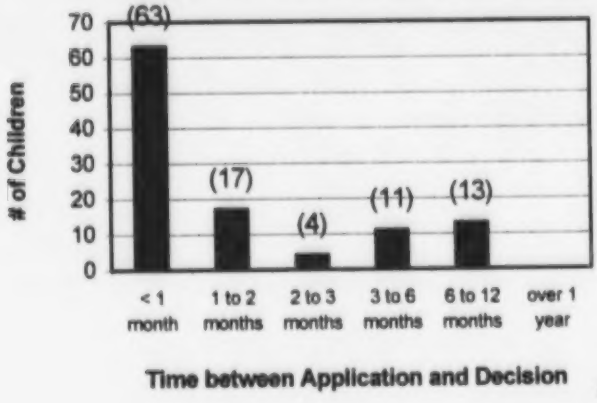
Figure 19 shows the time between application and completion of the court process for the actual number of guardianship cases by region last fiscal year (1998-99). Of particular concern is the fact that in Fredericton, Acadie/Bathurst and Moncton, some children waited over six months for the resolution of the court process.

Fig 19 - Time for Courts to Dispose of Guardianship Applications by FCSS Region, *1998-99*



From a provincial perspective (Figure 20), the time that it takes beyond the standard of one month to dispose of applications for guardianship is cause for concern. Of all applications for guardianship commenced in 1998-99 (n=108), 42% took more than 30 days to reach a court decision.

Fig 20 - Months that Children Await Court Decisions on Guardianship 1998-99



Finally, Table 3 shows that on March 31, 1999 there were 14 cases before the court that were unresolved. Four were waiting less than 30 days, three were waiting between one and three months and seven were waiting over three months.

Table 3. A Snapshot of Time to Dispose of Guardianship Applications, March 31, 1999

Region	< 30 Days	60 to 90 days	120 to 180 days	Over 180 Days
Campbellton	2	0	0	0
Fredericton	2	2	0	3
Moncton	0	0	4	1
Total	4	2	4	4

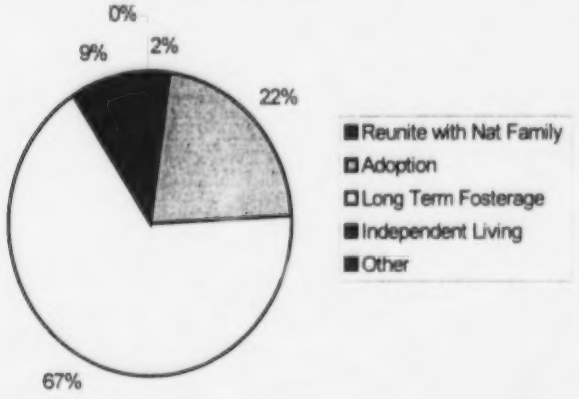
5.5 Permanency

5.5.1 Age Groupings of Children in Care

From the perspective of permanency planning, it is particularly important to ensure that the younger the child the quicker the movement to a permanent placement. There were 89 children in guardianship who were aged 6 and under, as of March 31, 1996.

The case plans of all open child care cases where children were under the guardianship of the Minister as of December 31, 1996 were examined. The data in Figure 21 show that "Long Term Foster Care" was the plan selected for 2/3 (n=369) of these children. Adoption was the preferred plan for 120 children in 1996. On March 31, 1999, there were 162 children with the goal of adoption. At today's rate of placement, it would take over 4 years to accomplish the goal for these children.

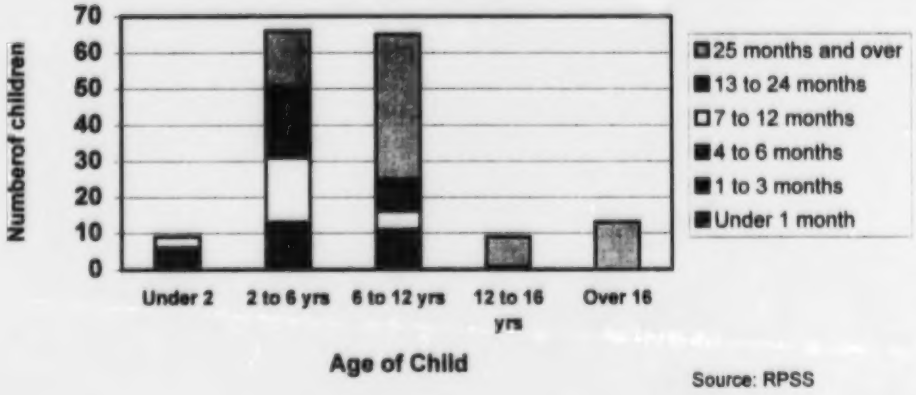
Fig 21 - Case Plans for Children in Guardianship, March 31, 1996 (N=553)



5.5.2 Length of Time Awaiting Adoption (March 31, 1999)

Of the 162 Children presently categorized as "awaiting adoption", almost half (47%) have been waiting for over two years (Figure 22). Of those waiting, 72 children are age 6 and under. The second most significant group of children awaiting adoption is the group of children aged from 7 to 12 years, where most have been waiting over two years. It has been recognized that the older the child, the more difficult it is to make an adoption placement. Unless concerted action is quickly taken to place them, these children will remain in "limbo". The Adoption Program, as it is currently resourced, cannot accomplish this task.

Fig 22 - Length of time with goal of Adoption as of March 31, 1999

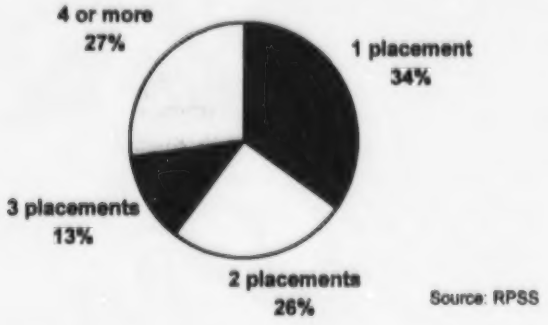


Source: RPSS

5.5.3 Number of Placements

One measure of "drift" is the number of moves that a child experiences while in care. Figure 23 shows that 27% of children had four or more placements. These data include all children who left care in 1995-96, and all child protection and child care cases that closed in 1995-96 where there was a child with an out-of-home care status. If just children in guardianship were reported, the average number of moves would be higher because of the increased length of time this group of children remains in care. It is disturbing to note that 35 children had nine or more placements.

Fig 23 - Number of placements (Child Protection and Child Care Cases closed in 1995-96) N=646



During the consultation process, social workers felt that "drift" was occurring because:

- Children coming into care have more difficulties such as attachment problems, and there is insufficient access to Mental Health services for these children.
- Some foster homes are not able to cope with children with multidimensional problems, and some are overtaxed, resulting in frequent breakdowns in the placements and moves to new homes.
- Sometimes the family court requires the Department to make excessive family preservation efforts. This results in children having to enter short-term care on a number of occasions, with periods of returning home, before the court will consider a guardianship application.
- There seems to be a loss of focus on permanency in most regions, with many staff having no specific training on permanency planning.

6.0 PUTTING A HUMAN FACE ON CHILD WELFARE

To give a sense of the difficulties facing families who come to the door of the Child Welfare System, and the types of services that are offered to them, the CWRR Project Team asked front-line social workers to provide examples from their caseloads. The names and identifying information have been changed to protect anonymity.

There are many misconceptions regarding child protection and child welfare, in general. Information to the general public is conveyed through sensational headlines in the newspapers or other media, but the whole story is seldom, if ever, told. One of the most important reasons for this have to do with strict rules of confidentiality which govern the sharing of client information.

The following examples have been provided for the reader of this Report in order to illustrate some of the many challenges faced by families served by the Child Welfare programs. They present a picture of the complexity of problems and serve to illustrate the difficulties faced in trying to providing a seamless, non-fragmented service delivery system. These scenarios are not contrived, and they are not unique.

"Natasha"

Natasha's parents both have alcohol problems. Her mother has been chronically mentally ill, frequently hospitalized and is on a lot of medication. Her parents presently live in a dilapidated trailer about 25 miles from town. They fight frequently. Their family was registered under Child Protection over 12 years ago. Major issues related to neglect, physical and sexual abuse of Natasha.

Natasha came into care at age 7 years and was placed under guardianship status from 1993. During her time in care, Natasha was in a number of foster placements and spent a long time in a group home. She has generally been beyond control, exhibiting many problem behaviours. She was both physically and sexually aggressive. Natasha ran away from a number of foster homes and alleged that foster parents sexually abused her.

By the time she reached 14 years of age, Natasha was living on the streets and refused to stay in any placement the Department found for her. In 1996, the Department applied for and received a termination of guardianship on the grounds that the Minister had nothing left to offer Natasha. She went underground, living on the streets, with brief returns to her parents.

In 1997, at the age of 14 years, Natasha came to the Department asking for help. She had found herself pregnant and had no place to live. Despite her turbulent and uncooperative past with the Department, Natasha was sincerely asking to be taken into care. Once again we obtained custody status of Natasha. She remained in foster care despite a couple of placement breakdowns and had a baby girl in December 1997 (just after reaching her 15th birthday).

Workers were very concerned about mother's level of attachment to child and were worried about the potential for abuse and neglect if she were to live on her own with the child. The

Department obtained a custody order on Natasha's baby. Both mom and child were placed in a specialized foster home where a concerted effort was made using a number of community resources to assist mom in acquiring the necessary skills to parent baby. These efforts were not successful. Natasha was able to learn new skills but was too focused on her own needs and issues - being unable to accept responsibility for the needs of baby. Natasha decided to place her baby for adoption in the late summer of 1998. The child was placed under guardianship and placed for adoption in December 1998.

After placement of her child Natasha went through a period of depression and withdrew from involvement with the Department. She went back to life on the run and the Minister again terminated custody status. A few weeks went by with no contact, and then Natasha re surfaced about six weeks ago coming into the office a week after her 16th birthday asking to be placed in foster care. Because of her age we were unable to comply.

Today at 16 years, Natasha is once again living "on the streets", most recently staying with a former foster parent. She has been heavily into street drugs. She is sexually active and has frequently used prostitution as a means of supporting herself. She has been involved in brief encounters with older men since she was 13 years old. She is pregnant again. She says that she is now ready to stay in a placement and be looked after. She wants to go to school and be allowed to be a teenager. Because regulations end Child Protection services at age 16 years, she is not eligible for services.

Services/Organizations involved with "Natasha" and her child over past 18 months.

Note: Numbers in brackets indicate if more than one of the service category was used in the past 18 months.

Group Home (2)
Therapeutic Foster Home (3)
Regular Foster Home (2)
Supervised Apartment
Relief Care Placement (2)
Debriefing Service to Foster parent

Psychologist from FCSS – Psychological Assessment on Natasha
Psychologist from Mental Health – Suicide Assessment
Psychiatrist (3)
Child and Adolescent Psychiatric Unit (Moncton)
Sexual Abuse Treatment therapist
General Practitioner
Pediatrician (for baby)
Orthopedic Surgeon (for baby)
Addictions Assessment (Natasha)
Human Service Counselor – self esteem and parenting program with mom (3)

Prenatal Classes
Parenting course
Single Parent resource Centre
Public Health Nursing visits
Budgeting
Nobody's Perfect
Alternative School
Homemaker – both regular and teaching

City Police (two municipalities)
RCMP (three districts)

"Paula"

Paula was a 16-year-old high school student in 1987 when she first came to the attention of the Department. At that time she was pregnant and no longer able to live at home. She was opened as a case under the Adolescent Parents and their Children (APAC) program and was placed in an approved living situation. Three months later she withdrew from the program as she married her boyfriend. Paula had a son, Jason, in 1988.

The Department had no contact with Paula from 1988 until 1996, at which time a Child Protection worker became involved. By then Paula had divorced her first husband, remarried and later separated from a second husband. After a brief reconciliation with her first husband, she had entered a series of relationships, most of which had been characterized by severe domestic violence. Jason was 8 years old and had been in three different schools in the first four months of the 1996-1997 school year.

The home situation was very unstable. Mom had moved 14 times in a two-year period. Paula had become severely addicted to alcohol and drugs (cocaine and crack). In order to support her habit, Paula had worked first as an exotic dancer and at that time, was also into prostitution. Police had been to her apartment twice in the month that service commenced to investigate domestic violence complaints. A friend living in Paula's apartment had been stabbed there.

Paula presented as a very bright and articulate young woman. She admitted that her life had become out of control. She readily agreed that she had problems and that Jason needed a more stable environment. She asked that Jason be placed in care. The Department entered into a custody agreement for a six-month period. Jason was placed in a foster home. Paula sought psychiatric help and later saw an addiction counselor. She visited Jason regularly for the first few weeks that he was in care, but frequently missed visits after that. Paula's physical health deteriorated significantly and she became anorexic.

In mid 1997, a maternal aunt came to the case social worker and asked that we place Jason with her. With Paula's agreement we placed him at his aunt's home, and a few months later with Paula's co-operation, the aunt adopted Jason.

Paula's life continued on a downward spiral. In 1997, she had been convicted of fraud and later for soliciting for the purpose of prostitution. She had a series of brief relationships, all of which ended in violence. She moved frequently. She usually had no money and her physical health was precarious. She frequently reported that her HRD cheque was stolen. On two occasions she reported that she had been raped while hitchhiking. By the end of 1997 she had become pregnant.

Realizing that she would be unable to manage caring for a child, Paula asked for help in planning for the baby. The social worker tried her best to see that Paula got some degree of pre-natal care. Paula had a baby boy last fall. She signed a guardianship agreement and the baby was placed in a foster home and is now awaiting adoption.

Since placing her baby, Paula has had two recent convictions for prostitution, as well as two for possession of crack. She has also been charged with shoplifting. She is working as a prostitute and is using crack daily. She weighs about 85 pounds and appears gaunt and emaciated. She is concerned that she may have been exposed to the AIDS virus and we are testing the baby now. Given Paula's history, the baby remains in foster care and we are still hoping that adoptive parents can be found.

"Janice and Joseph"

Janice and Joseph are 38 and 35 years old respectively. They have been married for 13 years. Janice was married before and had her eldest child, Marie, by her first husband. (They separated in 1986.) There are three children in the family, Marie who is now 16 years, Paulette who is now 12 years and Michel who is 10 years.

The family lives in a small house on an isolated road about 12 miles from the nearest town. There are six houses on the road and all are substandard. All but one family is related to each other. There have been a number of complaints to both FCSS and Public Health regarding the housing and sanitary conditions of the community. Only one house has potable water with each of the other homes showing contaminated wells. Raw sewage runs in the ditch. Only two houses have their own electrical entrances and they have extension cords running power through the trees to supply power to the others.

Janice and Joseph have worked hard to get their home livable and it is the best on the road. It is warm and dry and although in a constant state of renovation, is clean and reasonably furnished. Janice and Joseph are proud of the fact that they built their home themselves and that they do not owe anything on the home. The family has tried more than once to get help from the (former) Department of Municipalities, Culture and Housing to finish their home and to get a safe water supply, but they have been consistently refused as the building does not meet standards. Government housing policy has been to only invest in repairs to housing where the repairs will result in the structure meeting minimum standards.

There have been 11 referrals recorded on the family in the past nine years. Two related to sexual abuse and the others were concerning neglect. With the exception of two periods totaling about

two years, the family has been receiving child protection service for the past nine years. Marie was placed in care about 28 months ago. Two years ago, Joseph was convicted on a charge of sexual assault on Marie and served a jail sentence.

Marie did not settle well in foster care. She was diagnosed as suffering from post-traumatic stress and exhibited a number of difficult behaviours. A psychological assessment revealed that she was intellectually low functioning. She is currently in her fifth foster home.

After Joseph went to jail, the social worker tried very hard to reunite Marie with her mother and siblings. Marie did spend about two months back home in the winter of 1997, but her mother, Janice, constantly blamed her daughter for the fact that Joseph was in jail. As time went on and Marie began responding to Mental Health treatment, it became apparent that long-term foster care would be in Marie's best interest. She came under guardianship two months ago.

At the time Joseph was being released from jail, the Department applied for a Protective Intervention Order to restrict his access to the other children. (The worker had some evidence to show that he had been "grooming " Paulette for sexual abuse). Joseph did not comply with the Protective Intervention Order but the RCMP was unable to catch him because of the difficulty in monitoring the isolated community. Joseph did participate in sexual abuse perpetrator programs while in jail, but has not been going to follow up sessions since his release (despite being on a probation order to do so).

Janice remains at the family home today with Paulette and Michel. Joseph did admit to workers that he was having difficulty in controlling his sexual urges towards children and is still under a Protective Intervention Order today. He is living in a camper trailer just a few hundred meters from the family. The social worker is trying her best to ensure that both children who remain at home, especially Paulette, are safe. Janice is not co-operative with the department because she blames both the department and Marie for keeping Joseph away.

Marie is in a stable foster home and is quite settled. She has re-established contact with her natural father who is living in Ontario. He is unable to have Marie live with him full time. She has visited him for three weeks in the past summer and hopes to do the same this summer.

The "Robinson" family

There are five children in the Robinson family: Thomas, currently 17 years old, William aged 14 years, Julie aged 9 years, Cameron who is 7 years and Steven who is 4 years.

The children were living with their mother, Paula, when they came into care in 1996. Paula has had serious addiction problems, was involved in an abusive relationship and was seriously neglecting the children (Steven was barely one year old at the time). We were very fortunate in being able to place the four youngest children from the start with the Smith foster family. Thomas was placed with his mother's brother and his wife, where he lives today.

The Department took Protective Care on the children in April 1996. We proceeded to apply for custody, asking for a three-month order to allow for Paula to take steps to stop drinking, and to get her established in an acceptable apartment so that she could resume caring for her children. It soon became apparent that Mom was unable to stop drinking, and she continued her dangerous lifestyle. After one further three-month extension of custody, the Minister applied for a guardianship order in November 1996 and after a trial in March 1997, the order was granted.

At the permanency planning committee meetings at the time, the goal established for the children was long term and permanent care at the Smith foster home (with Thomas at his uncle and aunt's). The decision was taken because:

a) The range of ages of the children, (i.e. from 18 months to age 14 years)
b) There were five children who had a clear attachment not only to each other but to their extended family as well,
c) The Smith's and their children were well attached to the Robinson children and vice versa (i.e. it was an established family unit where there was a long- term commitment).
d) The Smith's were prepared to work with the extended family to ensure on going contact was maintained
e) The children were well established in the school and community where the foster home was located.

As foster parents, the Smith's have taken not only the four youngest children into their home and treated them as their own family but have maintained a close contact with Thomas, who spends a good part of each summer with them. The family lives in a country home, about 25 kilometers from town. They have an active lifestyle, with three natural children, a daughter who is 18 years and two boys aged 14 and 13 years old.

The family is particularly interested in swimming, with all children involved. Last summer the Smiths brought all the kids to a tournament in Ontario where William was a star competitor. In fact, after being involved in competitive swimming for less than three years, William has won provincial competitions and even has been awarded silver and gold medals in national meets.

The children have remained in contact with their mother's extended family, visiting their grandparents every two months, when they also see their mother. Although Paula did harass the Smith's early in the placement, the foster parents, with the help of the social worker, have been able to work out a good understanding with the rest of the extended family and have relatively frequent telephone contact. An example of the inclusive nature of the placement can be seen in how Thomas (17 years) relates to the Smith's eldest daughter (18 years), calling her often as an older sister to discuss school problems and to seek advice.

Today, Julie, Cameron and Steven call their foster parents "mom" and "dad" even though they know their biological mother and see her every two months or so. William accepts the Smith's as parental figures and is especially proud of the way they support him in his sports. Thomas, although not living at Smith's, considers their home as his second home. All the Robinson children, including Thomas, relate to the Smith children as foster-siblings.

7.0 ISSUES AND RECOMMENDATIONS - CHILD FOCUSED

Note to the reader: The presentation of the issues and recommendations which follow in **Sections 7.0** and **8.0**, are not prioritized in an order of importance. Rather, the CWRR project Team has attempted to present a linear picture of how the Child Welfare System "flows", starting at the "door" with an understanding of the principles that provide the conceptual framework on which this System is based. Refer to **Appendix E** for the "Decision Tree" or algorithm for Permanency Planning.

Also note that some issues pertaining to the Child Protection Program itself are not addressed in this Review as those issues have been studied by the other teams in the Child Welfare Project.

7.1 "Best Interest of the Child"

The *modus operandi* as outlined in the Family Services Act continues to be the guide for decisions affecting children coming to the door of the NB Child Welfare system. That is, where the rights of the parents and those of the child conflict, the decisions will be made based on what is considered to be "in the best interest of the child". As discussed in **Section 3.0**, however, a balance must be found in practice between the state intruding on the rights and obligation of parents to nurture and raise their children, and the rights of the child. Where the child faces neglect, or is in danger of abuse, the position is not in doubt, but clear guidelines are needed for front-line workers and supervisors in the area of Child Protection where the lines are blurred.

Recommendations:

Ensure that the philosophy of "best interest of the child" is communicated to all staff in Child Welfare; and that policy development, program planning and collaboration with partners will be conducted with this philosophy in mind.

In keeping with the philosophy of "best interest of the child", and the legal obligation under the Family Services Act; and taking into account the child's capacity to understand, consult the child when making decisions that affect his/her life.

7.2 Planning for Permanency

Refer to **Section 3.4** for theory on this topic.

7.2.1 Current Reality

The philosophy of Permanency Planning was adopted by FCSS in the early 1980's and it was applied to all Child Welfare programs. The aim was to prevent drift in the foster system and to provide for a permanent home for a child. Wherever possible, the needs of the child were to be met within the confines of the natural or biological family.

When first introduced, the approach was designated as priority in the child welfare system. In the late eighties, in order to assess the level of understanding and awareness of staff, and to assess the level of integration of the practice into the service delivery system, a comprehensive evaluation was undertaken.[34] One of the recommendations from that study was that a Central Office staff person should be assigned to oversee continuing implementation and to function as a resource; and that a responsibility center should be established in each region. Other recommendations included the importance of training, especially for new staff; of establishing monitoring and outcome indicators for measuring impact and of collaboration with other departments to prevent unnecessary entry into the system.

The last decade has seen an erosion of the practice of permanency planning. There is no longer a Central Office staff position assigned to resource the practice. And not all regions actively support the concept. In regions where permanency planning is practiced, the practice varies by region and is not consistently applied. In some regions, younger children and sibling groups are still residing in foster care when adoption would be an option. Still other children are remaining too long with their birth parents before coming into guardianship [35], perhaps in the hope that the home situation will improve. Clearly, the practice of goal setting and incisive decision-making, hallmarks of permanency planning, are missing. It is truly discouraging to read a report from ten years previous that makes recommendations about issues that are as germane today as they were over a decade ago.

Permanency planning is still a relevant concept and should be the basis of practice. The FCSS Regional Program Coordinators have expressed strong support for re-introducing staff to the importance of this approach. Judging from regional consultations and the Invitation Letter, the philosophy of permanency is supported, but measures are needed to re-establish the practice. Some of these measures would be to: re-orient the staff and include all service providers (ex. foster parents) in the process; clarify the goal, develop an outline of practice, change the structure to allow more staff to spend time on planning, define the approach.

A major barrier to permanency planning relates to chronic understaffing. This results in staff devoting the largest proportion of their time to crisis management activities. Monitoring of the progress of the birth family according to standards and assisting them to meet the goals of the service plan all require time. The same applies to finding adoptive homes, preparing for permanent placements, establishing permanent guardianships, and preparing court material to terminate parental rights when the child cannot return home all require significant amounts of time. The role of child protection workers in this type of crisis management is described by Steinhauer as:

"...dragged from crisis to crisis, ineffectually attempting to lock the barn door after the horse is already out rather than having the opportunity to stand back, plan, and implement adequate preventive and early intervention services or a well formulated management plan on an ongoing basis." [30] (p. 227)

As a consequence, children are remaining in foster homes when they should be in permanent placements. As the data in **Figure 22** illustrate, too many children with a plan of adoption (N=162, March 31, 1999) are drifting in the system. This issue is discussed more fully in under **Adoption, Section 7.4.**

Recommendation:

Reaffirm the commitment of all levels and divisions within the DHCS to the philosophy and practice of permanency planning. This should include the following:

- **Re-establishing a responsibility center for permanency planning in Central Office, as well as in each FCSS region;**
- **Instituting training on the philosophy and practice of permanency planning in all regions. Include in the training how to assess attachment and separation in permanency decisions, as well as how to assess parenting capacity. Underscore the importance of early decision-making;**
- **Establishing indicators for inclusion in the Client Service Delivery System (CSDS) electronic system to monitor and evaluate process, outcome and impact of permanency planning;**
- **Reviewing the 1989 evaluation report, "Achieving Permanency for Children" for continued relevance and implementation of recommendations.**

7.2.2 Concurrent Planning

With the aim of speeding up the permanency for children coming into custody, some state agencies in the United States have adopted the practice of "concurrent planning". This practice promotes early decision-making for the permanent care of children. In its simplest form, concurrent planning works as follows: *two* sets of goals are developed for the child who enters custody. The first is a preferred plan and is focused on efforts at reunification with the birth family. At the same time, a second plan is developed which is an alternative plan. If the first goal is not met within the designated timeframe, the second plan becomes effective. "Concurrent rather then sequential planning efforts allow the child to be moved more quickly from the uncertainty of foster care to the security of a permanent family."[36] Under the Adoption and Safe Families Act of 1997 in the United States, concurrent planning is supported by the notion that money saved from foster home placement can be re-assigned to support post-

adoption services. In some states, both plans must be presented simultaneously to the Court at the time that an order is made.

Recommendation:

> **Examine the concept of concurrent planning, and determine if this should be integrated into permanency planning practice.**

7.3 Out-of-Home Care

7.3.1 Foster Home Program

The foster home is an important component of out-of-home care for children who either temporarily or permanently can no longer live in their own home. Since 1991, the Foster Home Service in New Brunswick has undergone redesign in order to enhance quality of care for youngsters.[37] Among the changes that are occurring is the introduction of a classification system that ties remuneration to experience and level of training. Under the acronym of PRIDE, competency is assessed and further developed through modular training. Some of the modules will be mandatory for all foster parents. [38] In theory, foster parents with more experience and training will be better able to parent children/youth with multiple needs. Training and the recognition of experience has the potential to bring to the foster care system a level of professionalization not before seen in the system, and to enable the foster care providers to be more fully involved in making the decisions that affect children in their care.

As of March 31,1999, there were 861 approved foster homes in the Province. Of the 1106 children and youths in care, 925 were living in foster homes.

Recommendation:

> **Continue to move toward the full implementation of the Foster Home Redesign Plan which includes mandatory pre-service and core training for foster care providers in order to provide them with the knowledge and skills needed to foster.**

7.3.1.1 Supporting the Work of Fostering

Every move is traumatic for children. Placements break down for a variety of reasons, one of which is foster parent burnout as a result of the demands placed on them. **Figure 23** in **Section 5.0** shows that placement moves, both planned and unplanned (breakdowns), in 1995-96 were experienced by 40% of children/youth in care; and at least 35 had nine or more moves.

Previous regional consultations confirm that "the severity of needs of children coming into child welfare services, and the increased complexity of cases" [4 (p. 59)] are the greatest challenges to the child welfare system. It is not surprising that foster parents are feeling the effects. The average turnover rate in foster homes is pegged at five years (*personal communication, FCSS*). For this reason, new foster homes are always in demand, with the need greatest for specialized or

therapeutic homes. Homes of this description are proposed as part of the Foster Home Redesign Plan.

In response to pressures on foster care providers, some regions have informally instituted support teams made up of peers who provide each other with advice and encouragement. The practice of peers offering support is not a new concept in child welfare. Peer support groups exist in other Canadian child welfare agencies, and are often organized according to special interest such as the age of children in care, or the type of foster care, or they can be organized to address specific problems.

The proposed implementation of peer support groups as set forth in the Foster Home Redesign is based on the "type" of foster home: kinship, therapeutic and specialized. Facilitation, methods of administration, such as frequency of meetings, etc. are proposed. Social workers would be expected to take a lead role.

For peer groups to be effective and survive over the long term, members need the freedom to design their agendas and meetings. The challenge will be to find the balance between the Department taking a lead role and the peer group members feeling that they have ownership of the process.

Recommendation:

> **Encourage provincially, and support financially, the implementation of peer support groups for foster parents, taking care not to infringe on the opportunity for these groups to take a shared ownership in the process.**

7.3.1.2 Value Placed on Fostering

In spite of difficulties encountered in fostering children with multifaceted needs, foster care providers at the Large Group Consultation said that they were "committed to the children in their care", "excited when the child achieved", and saw "an increase in self-esteem of children in their care"; and said they were "glad to help". Most felt that they had a supportive social worker, although there were others who felt that social workers did not value their contribution. There was also a concern that children in temporary care did not receive enough home visits by their social worker. This same issue was noted by the Workload Measurement Team and has been addressed.

Other concerns noted by the foster parents were: the poor continuity of care, aging out of the program at 16 years of age, inadequate resources (from "bad to worse") and intervention being too late. Interestingly, this last observation was validated by clients participating in the recent guardianship evaluation who said that they should have come into care much sooner. [35]

It is admirable that foster parents take on this task of raising society's children. The public and their elected governments do not always value the role of looking after children. As stated by Marilyn Callaghan, the public perception of fostering is: "what foster parents do is 'just parenting', and as most foster care providers are women, they are only doing what women have

historically done". [7] Furthermore, the public has been known to say that foster parents are "just in it for the money". Yet as a society, we are willing to pay social workers and teachers to provide services for children without accusing them of being "just in it for the money".

The irony of foster care is that, as a society, we agree to pay more to look after seniors than we do to look after children.[39] In New Brunswick, the lowest rate paid to special care homes to care for a senior is about $1000/month; the lowest rate to care for a child is approximately $400/month. It can be argued that as a society, we have socialized the cost of aging and privatized the cost of raising children. Aging, and its related needs and costs, are seen to be a matter of public concern and priority. However, raising children and meeting their various needs are seen as private matters that are solely the responsibility of parents or the child's caregiver.

Recommendations:

Develop an on-going recruitment campaign for foster parents which would include raising public awareness of the importance of fostering and stressing the need for homes for particularly hard to serve children/youth.

For children and youth with complex needs, acknowledge the importance of looking after these children by adjusting the remuneration paid to foster parents in accordance with the Foster Home Redesign to reflect what is reasonable given the particular needs of these children and youth and the expectations placed on the foster families.

Move toward a team approach in the delivery of child welfare services that includes social workers in Child Protection, Children-in-Care, Adoption and foster families. This would better meet the needs of children-in-care, and increase the retention of foster families.

7.3.2 Methods for Fostering Children

Many children who enter the NB Child Welfare System under the Child Protection Program stay for a period of time in foster care. For some children, the period may be of short duration, with the child either returning home or moving on to adoption. For other children, the stay in a foster home may become long term and in some cases, permanent.

Under the permanency planning approach, all children in care should have a plan that is reviewed on a regular basis and which prevents the child from "drifting" in foster care. Services to that child should follow what Kathleen Kufeldt has described as a "seamless continuum" where disruption and fragmentation of services are prevented. In that context, services may not be "mutually exclusive, but rather may blend together or "blur the line' between one service delivery type and another. In order to achieve this, the delivery system has to be designed in a manner that allows for services to operate collaboratively and 'seamlessly" with each other.[40]

An illustration of the seamless continuum concept is found in the *foster-adopt* programs where a child is brought into foster care and placed with a family who agrees to adopt that child should

the child become legally available for adoption. As this concept will be more fully discussed in a later section, suffice it to say that under this combined foster and adoption approach, the child is prevented from being moved to another home and thus able to form secure attachments with one family.

Over the past two decades, and across many jurisdictions, new approaches in foster care are being successfully promoted with the aim of protecting the child's sense of security and safety, preventing multiple moves, and respecting the child's need for identify with their birth families. Two approaches that have been brought to the attention of this Review and which seem of particular value are *kinship care* and *inclusive care*.

7.3.2.1 Kinship Foster Care

> "It is well documented in the relevant literature that foster care can have a detrimental effect on children. Children are often alienated from their families causing problems in their ability to develop attachements."[41]

Child welfare systems across North America are looking for alternate and improved ways to foster children in the least disruptive manner possible.[42,43] Programs under the rubric of *kinship foster care* are attracting attention as one means of achieving better outcomes for children who must be placed outside of the birth home.

The Child Welfare League of America (CWLA) has defined kinship foster care as "the full time nurturing and protection of children by relatives, members of their tribes or clans, godparents, stepparents, or anyone who has a kinship bond with the child."[44] According to the CWLA, kinship care provides "...an opportunity to protect children and meet their needs separate from their parents, yet with their families."

The advantages of kinship foster care to a child is that it "reinforces personal and cultural identity, enables families to participate as part of the child's support team and enables the child to live with persons they know and trust.[39] While from a system's perspective, kinship care may help alleviate some of the pressures in finding non-kin foster homes.

Kinship care is not without obligation on the part of the child welfare system to support the arrangement. According to D. Wilson, CWLA Program Director for Kinship Care Services, "kinship must carry with it services to preserve the relationship". [45] Wilson lists some of these services as financial assistance, child care, respite care, information and referral to services and resources that will assist in maintaining the placement, counseling and guidance in resolving family conflicts and parenting problems, etc.

Some managers view kinship foster care with skepticism. In New York State, managers charged that "the average length of stay of children in kinship foster care significantly exceeded that of children on other foster care programs."[46] They also charged that relatives manipulated the system in order to receive subsidies for the children they would look after anyway. In spite of this, a research study undertaken by the United Way for the State of New York showed that, on the contrary, children in kinship care were reunited with their parents more often than

children in regular foster homes. They also had fewer moves and were less likely to return to foster care after leaving a kinship placement.

In New Brunswick, the FCSS regions have different perspectives on kinship care. Some social workers do not support the practice as they say that from their experience, they perceive a lack of openness on the part of relatives to give complete reports to the social worker assigned to the case. One reason given for this is that kin are hesitant to violate family confidences. So, while kinship care is permitted, it does not seem to be encouraged.

The current practice of approving "provisional" foster homes does allow regions to pay for placement of a child with a relative. However, there is no official policy encouraging the practice of paying kin to look after children with whom they are closely attached.

In order to address these same issues, the states of Vermont and Florida have developed comprehensive policies that define the parameters of kinship foster care and provide strict guidelines for practice. Staff are encouraged to use kin when there is a need for placement.[42,43]

Recommendation:

> **Develop a policy that encourages kinship foster care as the first option to consider when seeking out-of-home placement. Ensure that parameters and guidelines for practice are developed with a flexibility that allows the child to have his/her needs met.**

7.3.2.2 Inclusive Foster Care

Inclusive foster care is a practice that allows birth parents to play a collaborative role with the foster parents in making those decisions that affect their children's lives. Through this arrangement, a child's relationship with the birth family is acknowledged and respected. Especially in the case of the older child coming into care, inclusive foster care recognizes the primacy of blood ties, which if ignored can lead to breakdown in the placement. According to Steinhauer, "disruption of ties with the birth parents is traumatic, especially for those children who remember their birth home. Furthermore, studies have shown that children in long-term foster care who have ongoing contact with their natural families do best, while those who don't have contact do poorly." [30 (p. 159)]

Most children want to retain their identities with their families, whether they are in care under custody or guardianship. This is borne out by preliminary results from the Guardianship Evaluation where former children and youth in care searched for their birth families after leaving the foster care system.[35] In a study undertaken by Kufeldt *et al.* children in foster care were asked for their views on birth parents involvement. The responses indicated these children wanted to have their parents involved in the following ways: "Decision to take into care, planning visits, decision to return home, having an overnight visit and in consultations regarding serious behaviour problems." [47]

Birth parents also reap benefits from this practice. Foster parents have the potential to act as role models and mentors to parents. According to Kufeldt *et al.*, inclusive foster care is unique as it represents "a shift from fostering children to fostering families." [41] She has suggested that in the case of the infant or toddler, where reunification is the goal, and where attachment and bonding are at critical stages, the birth parent might even live for a short time in the foster home and receive mentoring on parenting from the foster mother. (*Personal communication, K.Kufeldt*)

In New Brunswick, inclusive foster care is not consistently practiced. In order for this practice to change, an attitudinal change is required on the part of social workers, foster parents and other service providers. The current system promotes only limited opportunities for meaningful contact between the child's foster home and his or her birth family.

Barriers to the inclusive care concept are complex, some being unique to foster parents and others to the birth parents. Steinhauer discusses in detail the feelings of rivalry and frustration foster parents have with involving birth parents.[30 (p.161)]

In the same vein, a study conducted with New Brunswick foster parents in 1994 found that many foster parents tended to view birth parents as "failed parents."[48] Although the study had only a 45% response rate (N= 600), those who responded expressed opinions similar to those reported by Steinhauer. Foster parents reported that after visiting the birth parents, children returned to the foster home in distress, leaving the foster parent to "pick up the pieces after a failed visit". The foster parents did not see it as their job to interact with the birth parents: that was seen as the job of the social worker.

Birth parents on the other hand "feel inadequate, powerless and stigmatized by society's taking away their child. They see the foster parents as rivals who have succeeded where they, the natural family, had failed" [30 (p.161)]

It may be instructive to look at the Barnardo's Waverly Centre in New South Wales "... in its attempt to create a system that acknowledges the importance of caring work. The foster mothers work with the birth mothers and the social workers: You work as a team, not a hierarchy, you don't come from a position of superiority." [7 (p. 195)]

It can be hoped that in the goal to professionalize foster care, foster care parents can see for themselves a role in mentoring birth parents, and value their contribution to family preservation for the sake of the child.

Recommendation:

Promote the concept of inclusive care by :

- **involving birth parents collaboratively in decisions that affect their children;**
- **ensuring frequent and ongoing contact between an infant or toddler when the plan is for family reunification;**

- **developing standards to guide the practice of inclusive care;**

- **providing foster parents with necessary training to understand and carry out the practice.**

7.3.3 Placements for Children With Complex Needs

Frequently in the regional consultations, social workers reported that they were being asked to find placements for children with complex mental health problems such as autism, psychosis and suicidal tendencies, and for older children with conduct and attachment disorders. Some of these children were not protection cases, but rather were clients of the Mental Health Division and were referred to FCSS for residential placement because Mental Health has none of their own. Because of the intensity of the needs of these children, social workers said that the task of finding placements was extremely time consuming and reduced the time left to provide services to other children on their caseloads.

There is a debate about the preferred type of placement for these challenging children and youth. Some believe that a well-paid, properly supported and trained foster parent offers the best results. Others believe that small, shift model facilities are necessary, as foster parents, no matter how well trained and supported, cannot be expected to handle some of the most challenging behaviours.

Whether intensive therapy is found in a "crisis placement" facility or in a therapeutic group home setting or in a well supported professional foster home, the fact remains that such children/youth as these have few places in the Province where they can receive the required services in a out-of-home setting from staff clinically trained to provide the type of support needed.

Recommendation:

> **In partnership with Mental Health, co-lead the development of appropriate placement resources for children with severe conduct disorders, psychoses, autism and suicidal tendencies. This would include providing children/youth and their caregivers with adequate clinical and consultative supports.**

7.4 Adoptions

7.4.1 Status

The *Child and Family Services and Family Relations Act* of 1981 formed the legislative base for a progressive adoption service in New Brunswick. Adoption Standards were introduced in 1981, and revised in 1985. The concept of subsidized adoption was introduced 1982. Under this service, adoptive parents of children with special needs, older children or sibling groups were given financial and other supports in order to secure the placement. Since the early eighties, there has never been a comprehensive review of this service.

At the present time in New Brunswick, services to adoptive parents and adoption services to children have been diminished. Some of this is the result of the redistribution of social worker resources to other areas of the child welfare programs; and in the larger societal context, there are fewer young mothers who are giving up their babies to adoption.

Over the past few fiscal years, the *average* number of infants placed for adoption through the Minister has been 18; while the *average* number for those placed privately has been 33. Based on RPSS data, there are presently 365 children under the age of 16 years in guardianship care, and 162 of these children already have in place a case plan that calls for adoption. In 1996, there were 133 children waiting to be adopted, so the trend of children remaining in foster care when adoption is the plan is increasing.

Seventy-six of the 162 children have been waiting over two years for adoption. A few of these 162 children have been placed in adoptive homes and are awaiting the finalized adoption order. Most are still in foster homes. Meanwhile, these children are aging, and adoption home social workers report that it is harder to find homes for older children.

There are presently 5.5 social worker FTE's providing adoption services throughout the Province. In order to accommodate the pressures on the Adoption Program, it has been necessary for the FCSS Regions to operationalize the program in different ways. For over five years, the FCSS Division has worked on a plan to outsource part of the service, but plans appear unlikely to proceed. The major reason is that the Child Welfare system would be fragmented by outsourcing this critical component. An additional reason is the difficulty and expense in monitoring relatively small service delivery agencies.

Recommendation:

Repeal the unproclaimed legislation respecting the outsourcing of adoption in order to ensure that a seamless continuum of care is provided to children in the care of the Minister.

7.4.2 Adoption of Children Presently in Guardianship

> "While long-term foster placements have the potential to provide permanency, they often do not. A significant number of these placements break down during the teenage years, resulting in more moves which negatively affect the child's ability to function as an adult." [49 (p.26-27)]

Under the permanency planning approach, adoption may be the appropriate placement for children under 16 years of age who can no longer return to their birth homes and are placed under the permanent care of the Minister, i.e., in the Guardianship Program. Because of this, adoption services are an integral part of the child welfare system, and successful adoptions depend upon effective planning starting from the time the child and family comes into initial contact with the child welfare system.

Most of the 647 children in foster care in New Brunswick at the present time are older than age two (11 are less than 2 years of age), and some are in sibling groups and some are children with developmental, physical or mental challenges. For many of these children, adoption has not been considered as a possibility primarily, though not exclusively, because barriers exist to expediting permanent placements.

It was reported to the CWRR Project Team that one of the main barriers to achieving permanency is related to the structure of the service delivery. The Child Care social worker is responsible for seeing that the children are prepared for adoption, whereas the Adoption social worker is responsible for finding adoptive homes and preparing the prospective parents. Within the FCSS Division program structure, these two service providers are *not* supposed to be in the same work unit. However, some regions have placed these staff in the same unit to facilitate good service. The fragmentation caused by the official service delivery structure prevents a seamless delivery of services to children.

Another barrier is the sense that the overall focus on permanency planning for children in guardianship had been lost. In some regions, resources that could and should have been directed to securing adoptive homes for these children were re-directed elsewhere in the child welfare programs. As well, social workers who should be finding adoptive homes and preparing adoptive parents were being redirected instead to servicing private and international adoptions. If the Department truly wishes to secure adoptive homes for children under guardianship, then the Adoption program needs to be adequately resourced. This same issue had been identified by the Adoption Workload Measurement Team.

Other barriers cited were the lack of a recruitment program to attract adoptive parents, and inadequate programs to prepare and to provide long term support for adoptive parents who agree to take older children or those with health challenges.

In consequence, mostly older children, special needs children and the sibling groups remain in the adoption pool. Therefore, where adoption is possible, it should be vigorously pursued. Visible, on-going recruitment strategies to attract adoptive families are needed. Moreover, prospective adoptive parents need to know in advance that in the event of difficulties with adjustments or in meeting special needs, there will be help available and resources to assist in securing the placement.

In preparation for developing a strategy for promoting adoption of these children, it may be instructive to revisit the ADACHILD Program. In 1971 to 1973, the Province carried out an innovative program called the ADACHILD Program. At the time, there were about 2,000 children in permanent care. In partnership with the Knights of Columbus, the availability of children was promoted publicly. There was a commitment at the highest level of government, a sense of vision and mission and a committed and enthusiastic staff. Almost 30% of all child welfare resources were devoted to this project. Many children were successfully placed in adoptive homes and the placements were reported to have remained stable over time.

Recommendations:

Establish a strong philosophical base for adoption which is widely promoted, well understood and accepted by all levels of the FCSS Division.

Review the Adoption Program for older and/or special needs children and sibling groups to ensure that barriers to adoption are removed, and that a continuum of services is provided to the children and their adoptive families. This would include a review of the legislation, policies, practices, service delivery structure and resourcing levels.

Initiate a short-term (18-month) project, with seconded social work professionals to develop and implement a visible, recruitment strategy to attract adoptive families for all children under the age of 16 years presently in the Guardianship Program for whom adoption is a possibility. This would include an immediate review of all case plans for children currently in guardianship and a strategy for their placement in a permanent home.

7.4.3 Subsidized Adoptions

Since 1983, the Department has provided special financial services to adoptive families based on the family's ability to contribute towards the maintenance of the child(ren) who have special needs or other predisposing conditions. Provision of these services is designed to prevent disruption of the adoption placement that would result in the child coming back into care.

Subsidized adoption is an option that has been successfully tried, particularly with foster parents. Given that some children can spend several years in a particular foster home, it is not surprising that attachment and bonding occurs between the foster parents and the child. It makes sense to support this relationship if the placement is well suited to the child.

One of the main barriers to foster parents being willing to provide this sense of permanency is financial. Due to the method whereby the family income is calculated, the foster parents "recognize more financial commitment …by remaining as foster parents as opposed to adoptive parents."[50] Most foster parents are not high-income earners and cannot afford to give up income. In effect, the payment structure works against the approach of permanency planning.

Differences exist between FCSS regions regarding the degree to which subsidized adoptions are promoted. It is more apt to be used when trying to place children who could not easily be placed due to age or health challenges.

Recommendations:

Promote the uniform use of subsidized adoptions in all regions of the Province.

Review the Subsidized Adoption program, including the manner in which financial eligibility is determined, to ensure that the focus is on meeting the needs of children.

In particular examine the financial disincentives which discourage foster parents from adopting the children in their care.

7.4.4 Foster-Adopt Homes

In the instance where a child is brought into temporary care, and there is a high likelihood of guardianship being granted, the opportunity is there to seek out a prospective adoptive family. In this process, rather than placing the child in a regular foster home, the child is placed immediately with a family who agrees to adopt should the child become legally available and adoption is the plan. The practice of placing a child in an intended adoptive home as a foster child " promotes permanency by preventing the need for another move when permanent legal custody is received." [51 (p.39)]

Recommendation:

Pursue a "foster-adopt" home as the first priority in placing children who are likely to come into guardianship care.

7.4.5 Post-Adoption Follow-up Services

Parents who agreed to adopt children have, in the past, been left on their own to cope with difficulties that arose from the child's past experiences, including lengthy stays in foster care where there may have been several different placements. Adoption placement failure was not uncommon. In recognition of these potential hazards to securing the placement, child welfare agencies have been moving toward the concept of post-adoption services. Essentially, this recognizes the need for support and guarantees that in the event of problems, adoptive parents can depend on the agency to help either by providing training or counseling services or assistance in the event that medical needs arise.

Recommendation:

Guarantee to all adoptive parents of children up to the age of 19 years the availability of resources and supportive counseling in the event that they are faced with child-related difficulties that threaten to undermine the placement.

7.4.6 Pre-Decision Counseling

Pre-natal counseling for birth parents, as well as services to prospective adoptive parents is either not offered in some regions of the Province, or the service has been diminished since the disbanding of the Adolescent Parent and Children's Services Program (Mental Health Annual Report 1990-1991, page 12) in May, 1992. At present time, there is a total of 1.9 FTE's in the Province offering birth parents services.

Part of the decline in the use of the service can be explained by the fact that over the last two decades, society has become more accepting of single parenthood with the result that young

single mothers are choosing early on in the pregnancy to keep their infants. Social and financial supports have been available through governments to assist these young families.

The service has not been widely promoted, which may explain the misconception that it is only for parents who wish to place their child for adoption. Many of these young parents go to friends, relatives or community organizations rather than to FCSS offices when seeking advice and explanation of other options.

In some FCSS regions, social workers in adoptions are also the ones who offer pre-decision counseling. This is viewed as a conflict of interest: on one hand the social worker is expected to offer options to the young parent and on the other, to support requests from the public for children to adoption.

Recommendations:

Encourage the use of the Pre-Decision Counseling Service by promoting its mandate.

Remove the barrier that causes a conflict of interest for social workers who are assigned to adoption services at the same time as offering pre-decision counseling.

7.4.7 Post-Adoption Disclosure Register

The DHCS has been offering the Post Adoption Disclosure Services since 1981. Initially, the service only allowed for the provision of non-identifying information to adoptees, adoptive parents, birth parents and birth siblings. As well, a passive register was maintained. This allowed an adult adoptee and a birth relative to register separately where they wished to establish contact with each other.

In 1989, the Register was enhanced to include searching for birth relatives on behalf of adult adoptees. Contact between the parties was only initiated when both gave consent. Due to the level of resourcing for this program, searches could only be made on behalf of the adoptees.

Initially, the waiting list was lengthy, but in 1998 the waiting period for the search service was reduced to about a year.

Social workers in this service report that an overwhelming majority of reconnections are positive for both parties, and therefore, they would like to see the registry enhanced to allow for birth relatives to search for adoptees. Many other jurisdictions have similar active registers that allow both the adoptees and birth relatives to request searches. An estimated 600 relatives on the passive register might potentially be interested in such a search if it were offered to them.

Recommendation:

Enhance the Post Adoption Disclosure Register to a fully active one that would permit searches for an adoptee on behalf of birth parents and /or siblings. To resource this service, employ two additional staff: a social worker and a searcher.

7.5 16 to 18 Year Old, Inclusive

7.5.1 Background

The Family Services Act defines a "*child as a person actually or apparently under the age of majority*" which in New Brunswick is 19 years. The Act gives the Cabinet (Lieutenant Governor-in-Council) the authority by way of regulations to modify the definition of child under the Act. Cabinet has done this through Regulation 81-132 (General Administration Regulation - FSA) which restricts the provision of protection services to children under 16 unless they are disabled. Thus, children in New Brunswick between the ages of 16 and 19 fall in a gray area where they are not offered state protection from maltreatment, and yet they are not able to independently protect themselves as they are not considered adults. This position appears to be in conflict with the United Nations Convention on the rights of the Child (1990) which defines a child as "*every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier*".

In Canada the upper age limit on child protection services varies between provinces and territories, with seven having age 18 or 19, while the remaining five ending service at age 16 years. All provinces, including New Brunswick, have provisions in legislation where children in long-term care can remain in a care status until the age of majority. Many provinces allow for them to continue to receive some benefits after the age of majority if they are in a post-secondary educational program.

In the past, New Brunswick youth between 16 and 19 could obtain help in getting out of an unsafe living arrangement through Section 20 of the Social Welfare Act and/or the Adolescent Parents and their Children (APAC) Program. There was also a project piloted in three regions from 1994 to 1995 called Services Targeted for Adolescents at Risk (STAR), which never became a province-wide program. These programs worked in a similar fashion: a social worker from FCSS completed an assessment of the youth's family situation to determine the risk of remaining at home, assisted the youth in finding a suitable place to live, and helped the youth firm-up educational or vocational plans. The detailed assessment was then sent to the department responsible for social assistance payments, and if recommended, financial assistance was paid to an approved trustee and the youth.

The Section 20 benefits, under the former Social Welfare Act, became known as the Children's Maintenance Payments. There are still some youths in receipt of benefits under this program, but no additional youths have been approved as a matter of policy since 1998.

The APAC Program was in place from 1982 to 1993, and was specifically directed to adolescent girls who were pregnant or who had given birth to a child. In addition to the assessment and placement services as related, APAC also delivered individual and group programs to the young mothers in the areas of life skills, child care etc. Specific placements for the mothers and their babies were recruited in each region and the placements were supervised by a social worker.

In February 1991, The Intergovernmental Committee Project for Youth completed a report which described the service needs of at-risk youth from 16 to 19 years of age in New Brunswick.[52] The committee recommended that a program policy for youth and legislation be developed to protect youth at risk, and enable the delivery of services on a voluntary basis. The report found the system overtaxed and not focused, and went on to underline a number of problems that are still outstanding:

Fragmentation: Services to youth at risk are not coordinated
Exclusion: Youth at risk and their families are excluded from accessing necessary services
Crisis Driven: Services are reactive rather than proactive
Lack of representation: Youth are not able to participate in decision making

The Intergovernmental Committee's Report presented 22 recommendations that Government should take to address the needs of this group. To date, only some of these recommendations have received action.

7.5.2 Current Reality

The concerns about lack of services for 16 to 18 year olds inclusive were frequently raised to the CWRR Project Team during the regional meetings, at the Large Group Consultation, in written submissions by staff and in discussion with consultants.

While there is almost universal recognition that youth are excluded from services and that there are specific child welfare needs, there is no consensus on who should have the mandate to serve them, what the constituents of the service should be, or how this service is to be delivered. Staff in front line child protection say that by offering some form of protection to this group, resources and efforts directed to the younger and more vulnerable child will be diminished. Others are worried that unless there are clear guidelines as to what constitutes a protection matter for these youths, the Department could become involved in situations where all that is occurring is the normal developmental stages of adolescents. Most concerns relate to the potential demand on resources that serving this group would require. There is a general recognition that any service for youth would have to be substantially modified from what is currently offered to children under age 16 as these youth are developmentally more independent.

Particular concerns were expressed regarding the Education system and its capacity to meet the needs of youth "at risk", and the need for close collaboration with the Department of Education in seeking a solution to serve these youth. In fact, at its recent annual meeting the NB Teachers Federation called for the Department of Health and Community Services "...to extend protection

services to students ages 16 to 18. Currently teenagers over the age of 16 are in a limbo zone where they are no longer considered children ... However, for schools this poses a problem as the recently enacted Education Act increases the minimum leaving age from 16 to 18, meaning a student remains a charge of the school until 18 years of age." [53]

A further problem identified by the Department of the Solicitor General is that as soon as custody ends for the Young Offender at age 16 years, some youths return to a troubled or unsafe living environment where the chances of re-offending are high. These youths are still in need of assistance in learning how to become better adjusted in society and in their families. The DHCS is being asked to continue working with these youths.

There are currently 603 youths who have been assessed as in need of assistance and who are in receipt of the single unit rate of either $50 per month or $300 per month from Human Resources Development and Housing. The rate depends on whether they participate in training or work-related programs *(Human Resources Development and Housing, June 1999)*. Overall, 64% of these youths are female, and 60% are 18 years of age.

The assessment is completed by a social worker from FCSS, mostly through office and telephone interviews, and occasionally with a home visit. These assessments are specifically geared to determining eligibility for financial benefits. Assistance is not granted automatically to youths that want to live independently. As well, the parents' responsibility under the Family Services Act for the maintenance of their children under 19 years of age is taken into account.

Youths for whom assistance is recommended must have been placed at risk either by being abandoned by their families, or the situation is such that to continue to remain in the parental home would place the youth or members of the family at risk. The initial challenge facing these youths is to find suitable shelter, food and clothing with the amount of money granted them.

There is no follow-up by FCSS social workers, as a matter of policy, once their assessments are sent to Human Resources Development and Housing. There is no effort to reunite the family and resolve problems through intervention with the entire family. The most unfortunate aspect of this effort to help youths is that it is only a partial response to the needs of youths in trouble. Far too many drop out of school, get in trouble with the law, become pregnant or experience other situations that have long-lasting effects on their future.

The problem is that there is no clear responsibility center for these youths "at risk" where they can receive both the financial assistance and the counseling they require in order to prevent them from drifting into a life of dependency. Thus, the choice for social programmers becomes whether to make the decisions required to reach these youths, or risking spending much more both in financial and human terms in the future.

Recommendation:

> **In collaboration with relevant departments, develop a service within the Department of Health and Community Services, for youths aged 16-18 who are unable to live safely in their own homes. Financial benefits, counseling and support**

services should be provided on a voluntary basis and conditional on the continued participation in an educational, vocational, or work-related training program. Those designing such a program should re-examine the recommendations made by the 1991 Intergovernmental Committee on youths age 16 up to 19, and in particular determine:

- **Whether some aspects of the current Human Resources Development and Housing program, which serves youth that cannot live at home, should be transferred to the Department of Health and Community Services;**

- **Whether services should be accessed through one common entry point;**

- **Whether there is a need to have 16 up to 19 year old youths brought in the legal care of the Minister in order to provide services to them. This would include examining the required status of those youths who were in custody or guardianship prior to their 16th birthday;**

- **Whether any additional services should be provided in the schools to help these youths;**

- **What recommendations in the 1991 report are still outstanding and in need of action.**

8.0 ISSUES AND RECOMMENDATIONS - SYSTEM FOCUSED

8.1 Policy Framework -Vision/Values and Strategic Plan

Since the beginning of the decade, there has been little evidence to support the belief that child welfare issues mattered in the Department of Health and Community Services. In an era characterized by deficit reduction, the focus of the Department centered on the sustainability of health care. Few resources were left over for children. The FCSS Division was faced with having to "rationalize" its programs and to devote considerably more time to providing long-term care services to seniors and adults with disabilities. The proportion of the Department's total annual budget dedicated to children's programs in FCSS in 1997-98 reflected the level of priority: it was four percent. *(Data source: DHCS Financial Services)*

Following the deaths of children who had received services under the Child Welfare system, the independent Child Death Review Committee was formed. The work of this Committee helped to draw attention to the fact that child welfare needed to be brought forward on the government's agenda.

This is not to say that strategic planning for children services had never occurred in prior years. When the Office of Childhood Services existed in the Department in the early nineties, a broad policy framework was developed which included a plan for improving the quality of life for children in New Brunswick. The policy was to provide " ...direction to all sectors in the planning and development of new initiatives for children, and the improvement of existing services."[54] The approach to developing the framework was one of collaboration between the departments and stakeholder groups, with the lead responsibility vested in the DHCS. The framework consisted of a vision statement, the mission, goals, principles, strategies and expected outcomes for all New Brunswick children. The vision was stated as, "Children becoming healthy, productive, participating youth", and the mission was "to meet the basic and developmental needs of children and the needs of parents for support in their parenting role".[54]

The work of this interdepartmental committee became the foundation for an Interdepartmental Action Plan on Childhood Services. The Policy and Priorities Committee of the government of the day endorsed the policy framework, though not the action plan. The document, "Playing for Keeps! " is the legacy of this effort. The policy framework has never been rescinded, so it officially still exists; though it is not promoted and is unknown to most staff in the Department.

The "Playing for Keeps" project focused broadly on *all* children. With a renewed interest in children's social programs across the nation it seems timely to revisit the "Playing for Keeps" policy framework, and to integrate into it a Vision specifically for child welfare that would set the context for future cooperative ventures between departments, with external agencies, and with First Nations.

In this review process, the CWRR Project Team heard a loud call for a broad, well-defined and accepted vision for child welfare. To facilitate the process, the CWRR Project Team has studied vision statements from other jurisdictions, and the beliefs and values that support those

statements. In preparation for the Large Group Consultation, a vision statement in draft form was presented to Design Team members (**Section 2.2**). They, in turn, added a list of "beliefs". The Vision and Beliefs were presented for further input at a separate workshop held within the Large Group Consultation process. The draft Vision for Child Welfare is as follows:

> ***Every child in New Brunswick is safely nurtured by a loving family, supported by a caring community and is free from abuse, neglect and exploitation.***

The beliefs associated with the Vision are:

- We believe that the best interest of the child is paramount in any decisions we take.
- We believe that every child has a right to have his/her basic needs met.
- We believe that children require a sense of permanency and continuity in their family life.
- We believe in the prevention of child abuse, neglect; and in supporting the healthy development of children.
- We believe that services we deliver or arrange should be culturally sensitive.
- We believe in supporting and expecting parents to meet their parental obligations.
- We believe in listening to children and youth, and advocating on their behalf.
- We believe in collaborating in the delivery of services.
- We believe that First Nations have the responsibility for the children in their communities.

Recommendation:

Develop a policy framework for child welfare that would include:

- **Ratifying within the DHCS, across government departments and with First Nations communities the draft Vision and Beliefs for Child Welfare developed at the Large Group Consultation;**
- **Revisiting the policy framework for children ("Playing for Keeps") and incorporating the ratified Vision and Beliefs for Child Welfare within the broader framework of a vision for all children; and**
- **Developing a strategic plan for child welfare that would cover a three to five-year span and include both short-term and long-term goals and their measures.**

8.2 Prevention

8.2.1 Putting Prevention First

In the 1991 report, *Canada's Children: Investing in Our Future*, presented to the House of Commons by the Sub-Committee on Poverty, the Canadian Teachers' Federation was quoted as follows:

> " We will pay, one way or another. There is no question about it. We pay in illiteracy. We pay in dropouts. We pay in corrections institutes and in the health system. We pay and pay and pay. I think that a cogent and sellable argument ...can be made for ... prevention money, rather than mop-up money later on." [55]

The Vision and Beliefs being proposed for New Brunswick's child welfare support a goal of prevention of child maltreatment. The message heard repeatedly by the CWRR Project Team from within the Department, from other departments and from stakeholders was that more strategies are needed aimed at preventing abuse and/or neglect from occurring in the first place. The Team heard that prevention programs across the Child Welfare system could reduce teen pregnancy, reduce poor outcomes at school, reduce juvenile crime, reduce crimes against children and prevent families coming to the door of Child Protection.

While, conceptually, prevention is widely embraced; in practice, it is not on most government agendas. In contrast to directing funds to traditional prevention programs such as those in the public health sector (ex. immunization), governments seem hesitant to direct public funds to social programs where the pay-off is not visible in the short term. Some argue that if resources are limited, they should be directed to meeting the crises at hand and not given over to something that may not work. "When you are in chaos, you tend to deliver services that are a priority".[56]

Yet, in spite of barriers to social prevention programs, states like New York have calculated that "prevention services are highly effective. They cost the taxpayer one-fifth as much as foster care, while helping the families safely care for their children in their own homes." [56] Others report that "for every dollar invested in high quality pre-school programs with intensive parental involvement, $ 7.16 is saved in later public spending." [57, 58]

According to Prilleltensky *et al.*, in practical terms, "Government policies can do much to alleviate and avert negative family outcomes, such as placement of children in alternative care."[1] (p. 22) "Research confirms that investing early from pre-conception to the age of 5, supporting families in their role as parents, and building community capacities to support children and families are where prevention strategies should be directed." [59, 60, 61, 62]

Recommendation:

> **Adopt a government-wide mandate to <u>prevent</u> child abuse and neglect. Support with policies, resources and programs aimed at preventing children from coming to the door of the Child Welfare system.**

8.2.2 The Importance of Leadership - Who Will Champion Prevention?

Determination and leadership are needed to take the philosophy of prevention out of the realm of concept and move it into action. Participants in the Large Group Consultation said: "There must be a commitment by all levels of government to ensure that children and families are 'focus-center' of legislation, public policy and programs. " Specific to prevention of child maltreatment, the participants said that the first steps toward a prevention focus should include a common vision for child welfare, with shared values and beliefs. They also said that intergovernmental and intersectorial partnerships were crucial to a prevention agenda, and that there had to be a coordinating mechanism as well as a plan of action. They also drafted the following recommendation:

> **"Recommend that government demonstrate its political will by appointing a senior cabinet position responsible for children, and an independent child advocate position."** *(Shared Responsibility for Our Children and Families,* CWRR Project*)*

In addition to commitment, prevention strategies will require funding, which is why the legislative and executive arms of government need to become involved. Professionals working in the regions have told the CWRR Project Team that policy makers need to be reminded that rural regions in the Province experience chronic economic difficulties that stress families. Research shows that economic stress and isolation from support networks and services place child at risk of maltreatment. Services have to be made available based on the needs of the communities, and they need to be accessible. In rural areas, in particular, transportation is a major problem which has the potential to limit the access of children and their families to services.

Participants at the Large Group Consultation strongly endorsed the establishment of a Child/Youth Advocate as a champion to give a voice to children. This was seen as an "impartial body to support the vision for child well-being in NB and would report directly to the Legislature, and in the case of First Nations, to the Tripartite Committee". One of the Teams of the Child Welfare Project has studied the issue of a Child Advocate and has recommended the establishment of this position in New Brunswick.

Recommendations:

> **Appoint a senior Cabinet Minister with the mandate to oversee the wellness of new Brunswick's children and families. Duties of this office would include overseeing a coordinated, prevention focus for child maltreatment across government departments, and acting as a catalyst in galvanizing communities to support parents in raising their children, taking into account especially the challenges facing families living in rural areas of the Province.**
>
> **Establish a position of a Child/Youth Advocate in New Brunswick.**

8.2.3 Building A Departmental Capacity for Prevention of Child Maltreatment

8.2.3.1 Identifying Children "at risk" for Maltreatment

New Brunswick has a taken a giant step toward a prevention program targeted to the early years in a child's life. With the introduction in 1994 of the Early Childhood Initiatives (ECI), a province-wide, joint initiative between Public Health and FCSS was implemented. In 1997, it was reported to be the only province with universal screening followed by visits to "at risk" families.[49]

ECI is made up of seven programs which include: support and counselling for prenatal moms, universal assessment at birth for factors constituting risk for the healthy growth and development of children, and services for "at-risk children" and their families. The overarching goal is school readiness, i.e. the intent is to identify early those factors in a child's environment that place the child "at risk" for functioning in school and staying in school. This is considered an investment in the future sustainability of the work force in New Brunswick.

But while the goal of ECI is high purpose, it was never meant to address the issue of the prevention of child maltreatment. While it is true that many factors are shared in common between the goal of prevention of abuse and neglect, and that of fostering school readiness, other factors which are strong predictors of risk for parents to abuse and/or neglect their children are not included in the assessment tool.

The Public Health Priority Assessment (PHPA) tool used in the ECI service delivery provides a unique opportunity to assess newborns for the risk of child abuse and neglect. The tool is administered universally to all mothers who deliver their newborns in New Brunswick hospitals. On average, this takes in approximately 98% of newborns. (*NB Vital Statistics, Public Health HNIC database reports).*

As the PHPA tool is presently configured, it is comprised of factors that predict the healthy growth and development of children. But, in order to effectively predict child abuse and neglect, additional information is required.

Hawaii's "Health Start" program has set the gold standard for assessing at birth the potential for child maltreatment. Its success is reflected in the fact that their strategy is now implemented in 27 other states and 300 jurisdictions in the United States. This program uses paraprofessionals to engage families with multiple stressors in an intensive home visitation program that spans a five-year period, from birth to school entry. High-risk indicators such as homelessness, financial assistance (welfare) and history of domestic violence are some of the indicators in the Hawaii tool. From an evaluation study carried out by the Center on Child Abuse Prevention located in Chicago, using a controlled design and 300 experimental families, none of the children became clients of the child welfare system.[59,60,61]

To modify a measurement tool requires that the tool be re-evaluated for reliability and validity. The ECI tool has never been systematically tested in NB, although it was tested in British

Columbia, where it was originally developed. If new modifications are made, then the entire tool should be re-assessed to ensure capture of the correct target groups.

Recommendations:

Enlarge the goal of ECI to include the prevention of child abuse and neglect.

Assess the ECI Public Health Priority Assessment tool for possible enhancement in order to detect factors known to predict child abuse and neglect. This would require that, if modified, the tool be evaluated for its reliability and validity for targeting both the potential for impaired healthy growth and development AND for detecting the potential for child abuse and/or neglect.

8.2.3.2 Integration of Services

Creating an environment of on-going collaboration and cooperation between service providers would be essential in setting up a prevention strategy. It has been suggested that integrating prevention with other children's services would help provide the earliest possible identification of families experiencing conditions of risk, and would help in instituting parental support services for families experiencing conditions of risk. Some of the objectives of such a service would be to promote parent-child attachment, promote positive parenting practices and increase the range of parental supports by mobilizing communities.

One example of integration could be with the involvement of the FCSS Home Economists and the Early Childhood Social Workers in child welfare. Jointly, these two groups working in ECI presented a report to the DHCS in which they outlined a framework for expanding ECI to include families with risk factors for ineffective parenting. Their report, *Report of the Working Group on the Role of FCSS Home Economists and Early Childhood Social Workers in ECI,*[63] defined eight categories of options for consideration by the FCSS management. Included in those categories were: To expand the prevention mandate of ECI to include other "at-risk" families, to focus on a "community-driven approach", to promote the prevention mandate by creating internal (FCSS and DHCS) awareness and support for prevention, to establish links between ECI with Child Protection, and to monitor and receive training in prevention.

Recommendation:

Design and implement an integrated prevention program directed to preventing child abuse and neglect.

8.2.3.3 Referrals to Child Protection

A significant number of referrals made to the Child Protection Program in the course of a year, are never opened as a "case". Some of these referrals are designated as "serviced at intake". These particular referrals receive some short-term service (under three months), but are not registered as a case primarily due to the low level of risk on assessment. Other referrals are designated as "unfounded" and these receive no service. In these instances, the assessment

procedure has indicated that while there may be a problem, it is not great enough to warrant service or a case opening. In 1998, of 7600 referrals, 28% were "serviced at intake", while 25% were designated as "unfounded".

Most referrals in which no case is opened come from families, or from individuals who self-refer. Many of these are parents who need help. Some have come to the door of the Child Protection Program seeking help on more than one occasion. In most instances it is acknowledged by staff that there is a problem facing the client, and that some children may be at "borderline" for abuse and or neglect.

Recommendation:

> **Establish a "secondary" prevention program that includes group approaches and peer support for parents referred to Child Protection Program for whom no case is opened, but who may be at risk of becoming a Child Protection case.**

8.2.4 Improving Existing Secondary Prevention Programs

The entire **Section 7.0** of this Review has focused on "tertiary" prevention activities. That is to say, while the main focus of child protection services is to intervene in the 'crisis stage" to protect children, intrinsic in the intervention is that it also prevents further deterioration from occurring to the child and to others in the child's environment. This level of prevention is what social workers allude to when asked about the prevention activities in their day–to-day work with Child Protection families.

However, to prevent maltreatment from occurring in the first place, it is said that more programs of a primary or secondary focus are needed. Prevention programs which offer services to special groups or targeted groups such as "at risk" families in ECI, are classified as "secondary" prevention programs.

8.2.4.1 ECI

In all consultations and by the Invitation Letter, ECI was cited as a good example of "secondary" prevention. And though it was said that the Department was moving "in the right direction" with this program, there was felt to be some room for improvement.

As stated previously, research shows that investing in prenatal health and the first six years of life is good for children.[62] But to be effective in achieving the desired outcomes for children, programs cannot be too restrictive. If only those at highest risk are served, those close to the cut-off bar may topple over when, with a bit of help, a crisis could be prevented from occurring.

ECI is considered by many as too restrictive. Services are offered based on the score achieved on a risk-assessment tool applied while mother and baby are still in the hospital. There are three categories associated with the tool, two of which assess variables associated with health and development factors of the newborn. The third category assesses the child's family environment:

age and marital status of mother, mental challenges in the mother, presence of social and financial support, housing, etc.

Based on a recent directive (1999), Public Health nurses must give *first* priority to families that are known child protection cases. The *second* priority is directed to the mothers with newborns who score six points or above on the PHPA tool. Within this category, there is a further priority, and that is to give service to first-time mothers under the age of 24 years, though in some regions, the age cut-off is 20. Other mothers and infants who score six and above also receive service, but it may be a matter of weeks and months before they can be seen.

It should be noted that Public Health is the "gatekeeper" for all ECI referrals to other services for children of ages birth to five years. Services include those offered by the FCSS Division, except Child Protection.

It has been a challenge to resource ECI. In 1998, as in the previous four years, 30% of all new-borns in NB scored six or above *(Public Health HNIC database reports)*, which is why in 1995 the program became targeted to young, first-time moms. Prior to ECI, public health nurses used to visit all mothers in their homes after the birth of an infant. With the introduction of ECI, this practice was discontinued. As it now stands, if the score on the tool is less than six, as is possible where there is only one risk factor such as financial difficulties (score = 3) or prolonged post partum maternal separation with little or no contact with the baby (score = 2), no services are offered. Public health nurses have said:

> " a low score which identifies the family as a 'low risk' at birth can snowball if the family cannot receive adequate support and interventions during the time the new child is being integrated into the family. That is why Public Health nurses should be able to visit all families after birth; frequency can then be determined according to individual needs." (*Response to the Invitation Letter*)

Recommendations:

> **Find ways to serve in a timely fashion or find alternative services for mothers and their infants who score six or above for risk, but who are not eligible for immediate service such first-time mothers over the age of 24, or second-time mothers of any age.**
>
> **Re-institute the policy of universal post-natal visits by the Public Health nurses to new-borns in their homes. Allow the nurse to assess the frequency of subsequent visits based on risk factors that may be present in the home.**

Many respondents reported that ECI is not well promoted, it has low visibility and that one of its main weaknesses is that the services are strictly voluntary. If a mother and baby qualify for service, there is no guarantee that the parent will take the service, or once taken, stay with it. Because it is voluntary, some say that it fails to protect the best interests of the child. Some Public Health nurses have said:

> "Social Services needs the power to mandate services where the child's potential for growth is detrimentally affected by the parent's decision not to accept services. It is every child's right to develop to his full potential, to thrive, learn and develop with each stage of development. We, the professionals, should be the voice for these underprivileged children" (*Response to the Invitation Letter*)

The automated data collection system in Public Health tracks some ECI program statistics as they relate to assessments and to number of referrals. But the information about whether or not clients who are referred for services actually take them resides on the referral feedback forms in the client's file in the individual regional offices. As a result, it is not easy to monitor success of this aspect of the program without undertaking a special study that involves a sample of files. Hopefully, the Client Information Service Delivery System (CSDS) (**Section 8.10.3**) will address this issue and incorporate the necessary indicators around which to collect data.

Recommendations:

Develop a strategy to increase the visibility of the ECI Program across the province in a manner that will increase the participation of those referred for service.

Direct the Evaluation Unit of the Department to undertake with Public Health and FCSS a study to examine all aspects of the referral process for service under ECI. Include in that study an examination of the extent of uptake of referrals and the availability of services.

8.2.4.2 Early Intervention (EI) and Integrated Day Care

The FCSS Division is responsible for four of the seven programs under ECI. These are EI, Integrated Day Care, the Home Economists Services and the services of the Early Childhood Social Workers.

The focus of EI is to help parents of children who have been assessed as environmentally "at risk" to develop parenting and lifestyle skills, thereby expanding their parenting capacity. EI also helps to education parents on child development. Under EI, parents are encouraged to develop informal support networks that can help them fulfil their parenting role. EI programs are offered by community stakeholder groups, which are funded and monitored for adherence to standards by the Department. The same holds true for Integrated Day Care. The Department funds a number of placements for "at risk" children in this out-of-the-home setting.

With EI in particular, the CWRR Project Team was told that in some FCSS regions there was a waiting period for children to be admitted to the services. The children and families most affected by this were the ones, as described earlier, who scored "at risk" on the environment variables on the ECI tool. In one Public Health region, the waiting period was found to be anywhere from eight to 12 months, or more. In some regions there is no Integrated Daycare. Considering the importance of age in the early development of the child, how, asks a respondent to the Invitation Letter, are we to "recapture the precious time lost when services are not available?"

Recommendation:

> **Eliminate waiting lists for Early Intervention by providing timely access for environmentally "at risk" children and their families. This might be achieved by increasing the capacity of some of the existing EI agencies to deliver services.**

8.2.4.3 Support Services to Education (SSE)

The Support Services to Education (SSE) Program was established in 1988 as a partnership between the Departments of Education and Health and Community Services, and was designed to provide dedicated services to the schools in order "to improve the functioning of students within the public school system". It created new positions social work, clinical psychology, speech language pathology, occupational therapy, and physiotherapy. In 1996, the program was serving approximately 3,500 students.

In 1996, an evaluation was conducted on the program's goal of helping children/youth to function better in the classroom. Results confirmed a high level of agreement between SSE professionals and teachers that the goal of the program was being met. The evaluation sampled close to 600 students receiving SSE services.[64]

In January, 1997, the rehabilitation staff (ex. speech language pathologists) connected with Support Services to Education was transferred to the Extra-Mural Community Pool, leaving social workers and psychologists within FCSS but bringing about fragmentation of SSE services.

SSE has recently been the subject of concerns raised by the Department of Education, the New Brunswick Medical Society, parents and field staff in the SSE program regarding such issues as:

- fragmentation of services for children and youth in the schools;
- lack of, or difficulty in accessing therapeutic and diagnostic services for children with ADD/ADHD, learning disabilities and/or behaviour problems;
- operational issues regarding school social workers and psychologists; and
- the increase in number of children with disruptive behaviour in the schools in recent years.

Supervisors for SSE recently considered the spectrum of services currently available to students in schools, and in particular identified several gaps in relation to child protection services. SSE social workers report that they are frequently drawn into the role of filling these gaps. This is not seen as an appropriate use of SSE resources, and in fact, exceeds the mandate of SSE. It is not the role of SSE to deliver the Child Protection program.

Recommendation:

> **Request FCSS Regions to examine the role of the SSE social workers in the schools under their jurisdiction and determine what role, if any, they are playing in the delivery of Child Protection services**

From a prevention perspective, preventing child abuse and neglect can occur effectively in the schools. Schools are a neutral place and a constant in the lives of children and youth. Societal attitudes toward family violence can be influenced and perhaps negative values "un-learned" in the school environment. Self-esteem can be nurtured, and the groundwork laid for the parents of the future. But, adequate resources are needed to identify students and families at risk of abuse and neglect, and make appropriate referrals for services.

Students who have a need for a neutral party with whom to discuss issues of concern such as parental neglect, lack of parental support for attending school, victimization of students and related issues, often do not have access to an appropriate professional within the school. In these cases, the SSE social worker would have an appropriate role in being the first contact and advocate for these students

Recommendation:

> **Within the planned re-design of the SSE program, address issues relevant to Child Welfare services, particularly as they relate to primary prevention, advocacy, family support services and collaboration among service providers.**

8.2.5 Direction for Other Prevention Activities

8.2.5.1 Teen Pregnancies

Can anything be done about teen pregnancies? As noted earlier, the trend in recent years is for young, single mothers to keep their babies. As pointed out in *The Ottawa Citizen* of November 11,1997, "teen pregnancy rates in Canada are on the rise, and many young moms are having babies just so they have someone to love."[65] In NB, statistics from the DHCS indicates that in 1997, 644 girls between the ages of 15 and 19 gave birth, which represents 8.2 percent of the pregnancies in that year.

But as stated earlier, these young mothers are at high risk of coming to the door of child welfare agencies. Pregnancies for these young women often means that their own development and educational achievement are arrested. To compound the problem, "crumbling families primarily through divorce cannot provide the informal safety net, nor can governments afford the high levels of support."[65]

Results from the National Longitudinal Survey for Children and Youth (NLSCY) have informed us that the mother's education level, father's employment, marital status and age of the mother are particularly significant variables associated with risk of maltreatment.[66]

Consequently, helping young women of school age to stay in school and to understand their sexuality and consequences of early pregnancy are essential to society. According to Dr. Peggy Kleinplatz, University of Ottawa, the "real need is for teaching students to say 'no' comfortably, or 'yes' responsibly."[65]

Recommendations:

As a Department, convey to the Department of Education our strong support of primary prevention activities that promote reproductive health in middle and high school youth populations.

Develop a teen pregnancy prevention campaign directed toward school age girls and boys from middle school to secondary school that promotes self-esteem, confidence and personal empowerment. As part of the same campaign, find ways to portray the consequences of early pregnancy. The lead for this campaign should be with Public Health and would require working collaboratively with the Department of Education and teens in planning for this campaign.

8.2.5.2 Helping Children Who Witness Violence in the Home

Violence in the home has been acknowledged as one of the most pervasive and damaging of societal problems. It is increasingly being recognized that children who witness violence - especially when perpetrated on the mother - "suffer profound emotionally and psychological effects from the abuse. Based on clinical experience, it is estimated that as many as 80 percent of children of abused women witnessed the abuse of their mothers." [67]

The National Clearinghouse on Family Violence (NCFV) has described the links between wife assault and child abuse:

> "Women who are abused may be at risk of neglecting or abusing their children. The cumulative stress of being victimized herself may diminish a woman's coping skills and undermine her confidence as a parent...Children who witness the abuse of their mothers and who are abused themselves demonstrate the most negative long-term consequences...Among the social, emotional and psychological impacts that witnessing violence, especially that directed toward the mother, has on children is that they exhibit feelings of guilt and a sense that they are somehow responsible...As these children grow older, they demonstrate extremes of behaviour. Many children internalize their experiences and are depressed and withdrawn. Other children externalize their feelings and become involved in delinquent acts and aggressive behaviour...Adolescents may transfer their aggressive behaviours in their relationships with their mothers and girlfriends...Difficulties in concentrating in school, truancy and conflict with other children also may occur."[67]

Staff from the FCSS regions have confirmed that violence in the home has an adverse affect on the children who witness it, and at least one regional director confirmed that this was a major problem in the region. In New Brunswick, there are 12 Transition Houses where women and their children can find safety from home violence. The DHCS provides about 80% of the budget

for these homes. Few of these homes offer services directly to helping children cope with the abuse they have witnessed.

Recommendations:

Building on the awareness of professionals who work with women and children about the insidious impact that violence in the home has on children who witness it, approach the Department of Education with a proposal to include in an appropriate program a discussion that helps children to recognize early signs of the use of violence and power in relationships.

Enhance services for children who witness violence in the home. This would include the addition of staff in transition houses whose time is dedicated to working with children to assist them in coping with the abuse they have witnessed.

Encourage the use of men/boys at middle and high school age to help change the negative attitudes of males towards violence.

8.3 Child and Family Poverty

If the UN resolution is to be met, Canada has little time left to eliminate child poverty before the year 2000! In all probability, this will not occur.

Poverty remains one of the most insidious determinants of children and families needing child welfare services. Judge J. McLellan, in his sentencing of the parents in the Jacqueline Brewer Case, said that under the present welfare payment system, Jacqueline Brewer's life was worth about $1.58 per day. He was referring to the payment schedule for families on social assistance whereby upon the birth of the first child, the mother receives $542.00 per month, but each additional person added to the family would only increase the monthly payment by $48.00. Given that amount, Judge McLellan stated that: "It appears that our modern welfare laws encourage uneducated, unemployed and unmarried young people... to become unstable parents of *one* child only ... ".[68] Jacqueline was the second child. However, it should be noted that low income families in New Brunswick receive additional financial support from other sources. For example, the Brewer family would also have benefited from the federal Child Tax Benefit as well as the harmonized sales tax rebate.

Since 1997, the New Brunswick Government has invested over $20 million annually in the New Brunswick Child Tax Benefit and Working Income Supplement. As well, New Brunswick is the only province in Canada to allow families on social assistance to retain the National Child Benefit without a reduction to their social assistance benefits. This has meant that an additional $18 million has benefited families on social assistance in New Brunswick.

Poverty leaves a destructive impact on children. Parents are often isolated from main stream society, the physical and mental health of family members is often compromised, and "...parents

are too drained to provide the consistent nurturance, structure and stimulation that prepares children for school and life" [69]

The New Brunswick picture for child poverty is grim. Data presented in *An Overview of Child Welfare in New Brunswick* [4], show that in 1991, in relation to source of income, 64.1% of Child Protection families were receiving social assistance payments. In 1996, that figure was 65.5%. The cost of living increased by approximately 5.5% over this five-year period. Furthermore, between 1991 and 1996, 82% of the Child Protection caseload were families earning under $20,000 annually. A review of open cases in Child Protection in January 1998 indicated that 55%, of the 80% who provided income information, were receiving social assistance. This is compared to 18.8 % of all NB families with children and youth that receive social assistance. That is approximately one family out of five with children/youth. Clearly, life has not improved for families who make up the majority of the Child Protection caseload.

The factors that lead to poverty are well documented. Lack of education, lack of employment opportunities, and poor health are all contributing factors.

Families facing crises in meeting everyday living needs are in jeopardy of having their children taken into the care of the Minister. Front-line child welfare practitioners say that sometimes in these situations, if there could be some emergency help available at the time of the crisis, the family could remain together. (ex. threat of curtailing of electricity in the home in winter). No protocols exist at present to assist in these situations. There may be working relationships in place between FCSS and Human Resources Development and Housing, but these are often based on personal connections and goodwill between service providers.

Recommendations:

Request that the Premier and Cabinet adopt the concept of integrated service planning between departments in order to ensure that the basic physical needs of the people of New Brunswick are met. These needs are food, shelter, clothing, education and in certain rural communities, transportation in order to access services.

Develop protocols in partnership with Human Resources Development and Housing to access short-term money for those crisis situations where children are at risk of removal from their homes because basic needs cannot be met.

Develop protocols with Human Resources Development and Housing where safe housing can be accessed in situations where living conditions jeopardize a child's ability to remain at home.

8.4 A Division for Children and Families

Throughout the life of this project the CWRR Project Team has often heard of the problems encountered by child welfare staff when trying to make linkages with services provided by

Mental Health and Public Health. Two of the Teams under the Child Welfare Project have a specific focus on improving the access of child protection services to Public Health and Mental Health services. These two Divisions along with the Family and Community Social Services Division deliver a number of services, which are all focused on children. A listing of these services includes:

- Child Protection
- Children-in-Care
- Children's Residential Services
- Unmarried Parents (decision support)
- Open Custody under Young Offenders Act
- Adoption
- Support Services to Education
- Public Health services for Child Protection
- Home Economists services for Child Protection
- Community Based Services for Children with Special Needs
- Child Care Licensing (Day Care)
- Early Childhood Initiatives which includes: pre and post natal screening, 3.5 health clinics, Early Intervention, Integrated Day Care, Home Economists, Nutritionists, Early Childhood Social Workers
- School Health
- Sexual Health Services
- Childhood Immunization
- Child and Adolescent Mental Health Services

Why do linkage and coordination problems exist when the same department delivers all these services? Shouldn't the ability exist to integrate service efforts across divisions? In fact, integration of effort does exist up to a point, as a result of good will and the desire of front line staff to meet the needs of children and families. However, each division exists as a separate entity responsible for its own mandate, budget and staffing- yet all are charged with the delivery of services to vulnerable children and their families. All should share a common vision and direction.

When service coordination difficulties arise, which cross divisions, it can require raising the issue five administrative levels to resolve the problem. It is only at the level of the Deputy Minister that the responsibility and authority exists to make a decision where there is disagreement among divisions. This is not to say that some cross-divisional issues are not successfully resolved near the client level, but the current structure is not efficient in resolving conflicting priorities and making the maximum use of available resources.

An additional consideration is that the energy and attention of Regional Directors, Executive Directors and Assistant Deputy Ministers in the three divisions, is often directed away from focusing on services to children and their families. FCSS and Mental Health are also responsible to deliver Long Term Care and Adult Acute Mental Health services. This reduces the opportunity to have a strong, focused and unified voice for children.

New Brunswick families face many barriers in accessing children services. In addition, government departments report that when dealing with the DHCS, they find it difficult to resolve children's-related issues because they must communicate with four different divisions, each with its own mandate and priorities.

The result was a professional-driven system which is fragmented, uncoordinated and where there are often overlapping mandates. It is well known that families trying to navigate this complex system often must be their own case manager and possess a fair degree of sophistication in obtaining appropriate services. Often, needed services remain inaccessible.

Over the past decade, other jurisdictions have recognized this dilemma, and have designed coherent, wrap-around systems which are family centered, and in which the child and family's needs determine the services provided.

Current research on brain development is another powerful factor pointing toward more integrated systems of services for children and families. Because of new knowledge demonstrating that adult capacities for health and productivity are largely determined between the prenatal period and three years of age, service systems are now in the position to have a positive influence over the health of future generations, and therefore the future health of our communities, our economy, and society as a whole.

This knowledge calls for proactive, not reactive, approaches. It calls for service systems to provide the maximum benefit possible using resources in the most efficient way possible. Service integration is an approach, which works.

In planning for integration of service delivery, it has been recognized that structure does play an important role in ensuring the efficiency of a system. U..S. Senator Louis de la Parte, who advocated for a unified structure for the state of Florida, said:

> "There is little doubt that the present organizational structure of the Department encourages the arbitrary pigeonholing of clients, discourages communication and the pooling of resources among divisions and creates costly division of services".[70]

In summary, the rationale for a Division of Child and Family Services is based on the following points:

- Provides a common focal point for children and their families – strengthens the "voice for children";
- Supports the achievement of common goals and reduces fragmentation of the delivery of services for children and families ;
- Ensures that policies and procedures, goals and objectives, mandates and legislation are consistent, which is especially important for multi-problem families;
- Facilitates ease of access to services for clients;
- Strengthens common case planning and interdisciplinary case management capacity;
- Maximizes the use of existing resources.

Recommendation:

Create a Child and Family Services Division, which would include the children's services now provided by FCSS, Mental Health and Public Health.

The **mission** of such a division would be:

To deliver an integrated service that ensures that the needs of children, youth and their families are met through a holistic system of supports and services.
The **goals** would be:

- promote the well being and healthy development of children and youth
- support to families in their parenting role
- prevent and identify early conditions of risk
- support vulnerable children and youth
- protection from abuse and neglect
- build community capacity

8.5 Family Services Act (FSA)

The NB Family Services Act was proclaimed almost twenty years ago. It was progressive for its time as it enshrined the notion of "best interest of the child". Since then, it has been amended many times and might seem ready for an overhaul. In general, an overhaul of an act is usually undertaken if the focus has been lost from too many amendments which have, as their basis, different philosophies *(Personal communication, Department of Justice)*. This would *not* seem to be the case with the FSA.

On the other hand, we have heard and read of approaches which other jurisdictions have taken in the area of early assessment of parenting capacity and termination of parental rights in relation to the age of the child, which have required a change in legislation. More recently, NB Family Court Justice, Raymond Guerette, in a CBC radio interview, publicly called for a review of the FSA in order to speed up the family court process.[71] He has suggested innovations based on his experience with the family courts in Australia.

8.5.1 Suggested Issues for Legislative Review

- *Length of time in custody* - In the interest of permanency, the length of time a child can remain in custody should be revisited. There are two issues:

  a) Under the present legislation, a child/youth can remain in custody for a *consecutive* 24 months. After that, the child/youth is either returned home or is taken into guardianship. If, however, during that 24-month period, the child/youth returns home, even for a day, and subsequently returns to custody, the "clock starts over". Under this arrangement, a child could theoretically remain in custody for years. Changing the word *consecutive* to *accumulative* would better reflect the intent of permanency.

  b) For the very young child - infant and toddler - attachment theory emphasizes the importance of providing stability early in their lives. Attachment for young children is fragile and easily lost from memory.[75] The critical time period during which emotional neglect causes the greatest damage is between within the first two years of life.[67] The permanency planning approach requires that decisions be made as early as possible for child in order to provide stability through permanency. Accordingly, in recognizing the sense of time in infants and toddlers, custody for young children should be viewed only as a short-term with the potential for "termination of parental rights should parents fail to comply with a reasonable case plan in order to regain custody of their children".[73,74]

  Several jurisdictions have set guidelines regarding the length of time before termination of parental rights occur. In some jurisdictions such as Alaska, the time to termination can be as low as 3 months for infants and toddlers under the age of two. Massachusetts has instituted the following criterion:

  > " ...the child is four years or younger and is out of home placement for at least six of the last twelve consecutive months, and was prevented from returning to the parent's home due to the parent's failure to accept services to address and correct the conditions that caused the child to be in out of home placement and in the Department's custody for such a period of time. "[74]

- *New type of custody order for children over 12 years where there is no need to severe parental rights* - This could apply to any child in care under custody where there is a valid reason to maintain some ongoing parental legal responsibility.[50]

- *Voluntary return to custody of 16-18 year olds* - (refer to **Section 7.5**)

Recommendation:

Establish a Working Group within the DHCS to review the Family Services Act and Regulations with regard to the following issues, and make recommendations for any the changes that may be necessary:

- **Length of time in custody- i.e. consecutive vs. accumulated time; and guidelines governing the termination of parental rights;**
- **New type of custody order for children over 12 years of age where there is no need to sever parental rights.**

8.6 Family Court System

8.6.1 The Court of Queen's Bench, Family Court Division

The Family Court System at the Queen's Bench is often seen as excessively adversarial to the Child Welfare system. Delays throughout the judicial process from the initial determination of abuse or neglect through to the resolution for the child are perceived to impede the move toward permanent placements. A backlog in the court's calendar, the strict requirement for evidence and the time required to prepare the final decision around termination of parental rights all contribute to this perception.

The courtroom was frequently described by social workers as adversarial and too formal. Not all judges are thought to be appreciative of the philosophy of permanency planning, nor of the issues relating to attachment and separation. Social workers do not feel that their voices are heard. In fairness to the Courts, the problem may not be one-sided. Social workers themselves are said to create problems when they fail to meet rules of evidence. Opinions are not acceptable, and evidence of what they have seen must be supported by comparison to measurable, objective standards.

Consequently, family preservation in the form of giving parents "one more chance" can take precedence over what is the best interest of the child. The recently proclaimed amendments to the preamble of the Family Services Act will hopefully lessen the chances that family preservation efforts override the best interest of the child.

8.6.2 Custody Agreements

Under the Family Services Act, children can come into the temporary care of the Minister by a written contract with the parents. In some situations, the parents freely consent to their child coming into the Minister's temporary care and there is no need to use the court. There exists however, the potential for parents to be coerced into signing a custody agreement just to avoid a court hearing. This does discourage some social workers from the use of custody agreements.

Since the ultimate responsibility of the Child Protection program is the child's best interests, it cannot fall to the child protection staff to protect parental rights. However, not all parents can afford the services of a lawyer when Child Protection staff are recommending temporary care by agreement. Where parents cannot afford legal representation, the child protection staff are the only ones to properly explain the implications of taking the child into custody before proceeding, thus placing these staff in a potential conflict of interest position.

If a way can be found to protect parent's rights without using the courts, it may be possible to increase the use of custody agreements and thus avoid the time consuming use of the court system.

Recommendation:

> **Ensure that parents, who wish to access the services of a lawyer, but lack the capacity to pay, can be represented by a lawyer when the Department is recommending a custody agreement. Inclusion of this under the Civil Legal Aid program would be the most likely mechanism to accomplish this.**

8.6.3 Support to Social Workers Applying for Court Orders

The court process places an added burden on the Child Protection social worker. Preparing detailed affidavits, serving notices of hearing, preparing witnesses and drafting orders are time consuming activities. Child Protection staff are represented in court by Crown Counsel from the Department of Justice who may not have sufficient time to adequately prepare the Minister's application. In all of NB, there are only 5.1 FTE's of Crown Counsel's time available for child protection cases.

Recommendation:

> **In collaboration with the Department of Justice, find better ways to support Child Protection social workers who are applying to the Court for an order. This might include increasing the number of FTE's to allow for the hiring of Crown Counsel to service child protection cases that come before the court, paying a third party to deliver Notice of Applications and hiring court coordinators.**

8.6.4 Speeding up the Court Process

A child's sense of time and need for permanency requires not only that decisive plans are made but that these plans are carried out as quickly as possible. One of the most critical decisions in child welfare is the involuntary removal of a child from his/her parents. When child protection staff and the parents do not agree about the best plan, an application is made to the court for a custody or guardianship order.

The Family Services Act in Subsection 53(3) says that:

> The court shall dispose of an application made under this Part within thirty days after it is made unless the court is satisfied that exceptional circumstances require the disposition of the application to be delayed beyond such day....

The intent of the legislation is to have child protection court matters dealt with quickly. This is not being achieved in the majority of situations. As shown in **Section 5.4.2, Figure 20,** data collected over the year 1998-99 showed that of 107 applications for guardianship before the Courts, approximately 42% (n = 45) applications took over one month before a decision was rendered. Thirteen cases were over six months. Some of these applications involve very young children for whom a permanent plan is urgently needed. Similar delays exist for custody orders. There are also considerable regional variations in the time it takes to obtain court orders.

Almost all of these children waiting for a court decision are living in foster homes and there may be a tendency of some to say that they are "safe". However these delays prevent the implementation of plans for the child and they deprive parents of the custody their children for extended periods, without the court having made an order.

Various reasons could account for these delays. Perhaps there are not enough judges, perhaps the courts do not give sufficient priority to child protection matters or perhaps the Minister is bringing too many witness in support of the application and this is making hearings unnecessarily long? Whatever the reasons, a way must be found to speed up the process.

Recommendation:

> **In collaboration with the Department of Justice, determine how to speed up the time that it takes to obtain a court decision in child protection matters, especially for infants and toddlers.**

8.6.5 Family Court Judiciary and Child Welfare Training

Child Protection staff have often been heard to say, " If only Judges would come to some of our training events." The desire is to involve judges based upon the idea of having them exposed to such concepts as attachment, failure to thrive, early childhood development, risk management and permanency planning. The most frequent reason given as to why it is not appropriate to expect judges to attend training with social workers is that they must remain independent. The other reason is the tight scheduling on the Court's calendar. Despite this, some judges are said to be open to attending such cross-disciplinary training.

Recommendation:

> **Find appropriate ways to sensitize the Family Court judiciary to issues and practices that adversely affect families and children in the NB Child Welfare system. This could include an invitation to the Family Court Judiciary to attend cross-disciplinary training related to Child Welfare issues and practices.**

8.6.6 Alternative Dispute Resolution

In the interest of permanency planning, several initiatives are underway in other provinces and states to find alternative ways of streamlining the court process.[75,76,77,78] For example, British Columbia has three years experience using family court judges to conduct mandatory case conferences to attempt to resolve conflicts in child protection cases without using the formal court process. As of 1998, it was the only court in Canada with mandatory mediation.[75]

Child welfare mediation is defined as:

> "...the use of a skilled and credible neutral third party - a mediator - to assist families, the Division of Child and Family Services and their attorneys, in developing a mutually acceptable settlement of the issues regarding child welfare and placement. It is a collaborative process with the goal of resolving issues of a case in a non-adversarial manner." [78]

A number of benefits have been described around this process, a few of which include preserving the dignity and involvement of the family, facilitating early settlements for the child, and empowering the social worker to develop plans that are in the best interest of the child.

Recommendation:

> **In collaboration with the Department of Justice, develop alternate dispute resolution mechanisms that avoid the present adversarial, formalized process and that are respectful of children and parents.**

8.7 The Current Child Welfare Delivery Structure

In April 1986, the Personal Services Division of the Department of Social Services was removed from that department, leaving behind the income support programs. The Personal Services Division (which delivered child welfare services) became the Family and Community Social Services Division of the new Department of Health and Community Services.

This change of departments was proposed by the Office of Government Reform and was designed to establish an integrated health and social services system, which could, among other things, produce concerted action among professionals. For many that have worked in the Child Welfare system prior to and since that time, it is not evident that the presumed advantages of being located in a department responsible for public health, mental health and hospitals have been realized. Only within the last year have some changes been made to improve cross-divisional linkages which support abused and neglected children.

Although the Child Welfare system can only function effectively when there is close co-operation with other systems, it is not perceived that better linkages exist with hospitals, public health and mental health than existed when child welfare programs were delivered from a separate department.

The size and scope of the Department is also an issue. It is a challenge for any minister or deputy minister of Health and Community Services to give close attention to Child Welfare Programs, which constitute only four percent of the Department's budget when there are so many other high profile issues.

Over the past decade, the FCSS Division has become increasingly involved in the delivery of Long Term Care services to adults. This evolving and high profile program which has many vocal community advocates has required frequent attention from FCSS managers, both regionally and centrally. As there is little in common between child welfare and long term care, it is difficult to see the value of having these two programs in the same division. *It is notable that no other province in Canada combines these two programs in one delivery structure.*

In 1993, the FCSS Division adopted a functional program delivery structure. This approach groups services under programs, which are considered to utilize similar functions, such as the function of "protection" or the function of "prevention". This approach considers the element of function as more important than the traditional way of grouping services by age or developmental life stages. For instance protection of children and adults are grouped into the same program rather that being separated into children's services and adult services. This functional approach is out of step with other Canadian jurisdictions where comparable programs and services are usually grouped according to age.

The official description of FCSS programs places the various child welfare services in the following programs:

> **Access and Assessment**- Child Protection intake and assessment, decision support services for Unmarried Parents considering adoption
> **Protection**- ongoing Child Protection, Children-in-Care, Post guardianship services
> **Prevention**- Adoption and Children's Residential Services (foster homes etc.)

Regions have struggled with the expectation that they organize staff according to the plan adopted centrally. For a variety of reasons, such as supervisory span of control and varying regional sizes, staff have not always been placed by the region in a program according to the official plan. The attempt to accommodate the official structure has also led to an increase in the numbers of off-site supervisors in Child Protection services, though the Department has moved recently to eliminate this practice.

Some difficulties in co-ordinating efforts between work units have been reported. For instance, adoption planning for children in the care of the Minister has been difficult because Adoption and Children-in-Care social workers are located in different programs.

For children whose needs require that they receive services from many of all of the various child welfare services, the intent should be to make the system as **seamless** and smooth as possible. Since it is not practical to place all child welfare social workers in the same unit, nor is it practical to expect one social worker to serve a child all the way through the system, regions and central office must develop mechanisms to ensure a close collaboration among units whose work is connected.

Recommendations:

Separate the delivery of Child Welfare services from Long Term Care service delivery.

Permit FCSS Regions more autonomy in determining how to organize work units.

Charge FCSS Regions and Central Office with the responsibility to find ways of improving linkages and "building bridges" between service providers who must collaborate in order to provide an effective service to children.

8.7.1 Role Clarification in Child Welfare

8.7.1.1 Role of the Supervisor

There are 36 supervisors working in child welfare services. In 1995, the Department adopted new span norms for the maximum number of staff reporting to a supervisor in child welfare. The maximum was increased from seven/eight to 10. This was in response to budget pressures and a presumption that professional staff were able to function more autonomously.

Three other Child Welfare Project Teams have made recommendations related to the role of supervisors. Two are asking that access to supervisory support be improved (Working Conditions and Audit) and the Training Design team sees the supervisors role in transferring learning from the classroom to the job as a critical function that may require more supervisors. The Child Welfare League of America has been quoted as recommending a supervisor-social worker ratio of 1:5.[79] The nature of child welfare work requires solid support for front-line staff even where they are enabled to work as autonomously as possible.

A recent review of the Texas Child Welfare system has commented on the critical role of the supervisor by stating:

> "The optimum number of employees who can be supervised effectively depends upon the complexity of the work and the proximity of employees to each other and the supervisor. Although recognizable similarities exist in span of control with other state agencies, Child Protective Services is unique in that the supervisors are responsible for making decisions impacting the safety of children and must be knowledgeable of the family dynamics of every case in their unit." [79]

The existence of accessible and competent supervisors in child welfare is a critical component of effective quality assurance.

Recommendation:

Establish a working group to examine and make recommendations regarding the role of the Unit Supervisor in Child Welfare with respect to the skills required, a preferred model of practice and the maximum number of staff required to be

supervised. This would include a comparison of the average and maximum span of control in other jurisdictions.

8.7.1.2 Role of the Senior Practitioner

The classification of Senior Practitioner (Social Worker III) has existed within the FCSS Division since the early 1980's. Senior Practitioners are expected to possess an advanced level of practice skill in a specific practice area. This would have been achieved through a combination of training and experience.

No new positions were created for Senior Practitioners, as the applicants must apply for such a position by way of re-classification. This means that a region must be prepared to give up a regular front-line position in order to support a person's application to become a Senior Practitioner. Currently there are nine Senior Practitioners working in child welfare. The roles vary considerably as there is no standard job description and the approval process is considered by some to be lacking an objective criteria and a means to determine the expertise of applicants.

Some see Senior Practitioners as social workers who carry a specialized caseload of complex cases, while others see them as a support to the unit supervisor by offering clinical expertise and training to other less experienced staff. However, some supervisors express concern that the clinical support and training functions are so integral to their role as a supervisor that it creates role confusion to also have a Senior Practitioner performing the same functions.

Recommendation:

Establish a working group to examine and make recommendations regarding the role of the Senior Practitioner within child welfare. This includes identification of the following points:

- **The original intent behind the establishment of the Senior Practitioner classification;**
- **A description of the current job descriptions of existing Senior Practitioners;**
- **The advantages and disadvantages of having the Senior Practitioner classification;**
- **A proposal regarding the future of such a classification.**

8.7.1.3 Role of the FCSS Home Economists and Early Childhood Social Workers

In the *Report of The Working Group on the Role of the FCSS Home Economists and the Early Childhood Social Workers in ECI,*[63] a request was made that there be a role clarification regarding services provided by these two professional groups. The report described what had

been the intended mandate of each of these two groups in regard to ECI, and then explained what had evolved regarding their service delivery.

Presently, there are eight Home Economists lodged in the FCSS Division of the Department, with all of them working from the regional offices. The Home Economists were servicing clients in the Child Protection Program prior to ECI. Their mandate then changed, and they were directed to devote 50% of their time to prevention in ECI, and to use the remainder to service the child protection clients.

In 1993-95, as part of ECI, 11 positions for Early Childhood Social Workers were added to the FCSS regions. These positions were dedicated to working with those families who, upon screening with the PHPA tool, were determined to have factors which could put their children at risk for developmental delay.

Both the Home Economists and the Early Childhood Social Workers reported in a Program meeting, 1998 that "within regions, colleagues and social service managers alike are confused as to the roles of these two groups. " In their view, the fact that neither group manages "cases" in ECI, but rather offers "secondary" prevention in group settings, makes it harder for other service providers to understand what they can offer. As a consequence, these professionals say that they are not receiving a significant volume of referrals for services to ECI families, and that they are being "pulled into other non-ECI related activities".

Furthermore, particularly the Home Economists are concerned that other service providers are being hired from outside agencies to do the work that these professionals felt that they could be doing.

Both professional groups are asking in their report if there is a specific role for them in child protection cases, and if so, what is that role. As well, they are asking that the Department promote a broad prevention mandate, giving them the responsibility to continue to do "secondary" prevention, but to expand their role to including "primary" prevention activities in the communities. This would include community education, building support networks, mobilizing communities around parent-child development, positive parenting practices and school readiness.

Specific to the role of the Home Economists, they have suggested a role for themselves in the assessment process of chronic cases of child neglect where poverty is an issue and where there may be a need to differentiate the issue of poverty from that of neglect.

Recommendations:

> **Define the role of the Home Economists in relation to their intervention with Child Protection cases; their function in assessment of chronic neglect cases; and their intervention with families who are "at risk" of abusing and neglecting their children, but who have not been registered as cases under Child Protection.**

Recognize the primary role of the Early Childhood Social Worker in the prevention of child abuse and neglect and developmental delay.

Recognize that the Early Childhood Social Workers continue to have no case management responsibilities in Child Protection, but that it would be within their mandate to deliver group-based, parenting preparation programs for families "at risk" of becoming child Protection cases.

8.7.1.4. Role of the Community Based Services for Children with Special Needs (CBSCSN)

It is well known that children with disabilities are at a heightened risk for abuse and neglect. The provision of services and supports to parents caring for children with disabilities can help avoid the sometimes overwhelming stress and frustration that may lead to abuse and neglect. This is one of the benefits of the CBSCSN program. It has been brought to the attention of the CWRR Project Team that, in some regions, the social workers providing the CBSCSN program are sometimes being called upon to act as a Child Protection social worker. This is an unrealistic expectation because the social workers in the CBSCSN program do not have the appropriate training and supports to deliver Child Protection Services. In addition, their caseloads are too high to permit them to provide adequate service.

On the other hand the Project Team has also heard that, because of waiting lists for the CBSCSN program, Child Protection social workers are sometimes required to provide services to children with special needs who should really be serviced in the CBSCSN Program .

Of these two problems, the former is the more serious in the view of the CWRR Project Team.

Recommendation:

Discontinue the practice of expecting social workers in the Community Based Services for Children with Special Needs Children to be responsible for the delivery of Child Protection Service. This may require two social workers, one from each program, to work together in meeting the needs of the parents and child.

8.7.1.5 Role of the Para-professionals

There has been a steady increase, over the years, in the number of para-professionals providing services to children and families for and on behalf of the Child Welfare system. Many of these para-professionals have some sort of formal training or academic qualifications while others very little. There is a wide variety of job descriptions and job titles: human service counselors, family support workers, case-aids, Parent-aids, family intervenors, teaching homemakers, child care workers, etc. Some of these persons are non-government employees, working for private agencies, who provide services to the Department under a contractual "purchase of service" agreement. Those that are public servants, the majority of whom are classified as human service counselors, perform different functions and are assigned different tasks depending on where they work. There are very few guidelines as to the appropriate tasks to be assigned to these human

service counselors, as is the case for most of those that work for private agencies. Despite the fact that some are trained para-professionals, none are members of a regulated body.[80]

The CWRR Project Team is recommending (refer to **Section 8.7.3**) an increased emphasis on direct treatment by social workers in the Child Welfare system as opposed to a case management model, which favors "brokering" of services. This could reduce the need for some of these para-professionals that work directly with families or children. Social workers who intervene directly as therapists are also less likely to assign tasks to para-professionals that should be done by them.

The public served in the Child Welfare system is too often unable to distinguish between the regulated professional and the unregulated service provider. It is also fair to say that the public does not have an understanding of what this implies in terms of their protection nor whether the service provider(s) assigned to them is the appropriate person to provide this service. There are case management functions such as psychosocial assessments and psychosocial therapy that fall within the exclusive scope of practice of regulated professionals such as social workers. Failure to provide effective therapeutic interventions or appropriate referrals can result in risks to children and families as well as higher costs in financial terms arising in the need for additional services or re-assessments by trained regulated professionals.

The report of the Health Disciplines Working Group entitled "Improving Public Protection from Unregulated Health Care Providers"[81] (June 1998) noted that the increased usage of non-regulated personnel raised some important questions:

What is the responsibility/liability of regulated professionals in relation to unregulated providers with whom they work or whom they supervise?

Without a defined field of practice, how are training needs determined and competencies assessed?

Who is responsible for developing and articulating standards of care and codes of ethics for such providers?

What systems are in place to deal with complaints from the public respecting such providers, and to address issues of incompetence or fitness to practice; how effective are they?

Who takes responsibility for ensuring non-regulated providers receive continuing education?

The working group concluded that the use of unregulated providers within the health care system placed a great burden upon the regulated providers who worked within those institutions. They also stated their concern that this issue is not being adequately recognized and addressed. The Child Welfare System is one of those "institutions" where we can no longer afford to delay addressing the issues identified.

Recommendation:

Define the field of practice and develop standards for the para-professionals who provide services to children and families in the Child Welfare System. This would include the following activities:

- **An inventory of the numbers, working titles, qualifications and rates of pay of the para-professionals working in the Child Welfare System, either as government employees or under contract with private agencies.**
- **Incorporating in the standards the requirement for on-going training and appropriate supervision;**
- **Developing a clear policy regarding the responsibility/liability of regulated professionals in regards to the non-regulated para-professionals that they supervise**
- **Incorporating the standards into service provision contracts with external agencies.**

8.7.2 Introduction of New Social Workers to Child Welfare Work

Staff turnover in child protection services in particular and to a lesser degree in other child welfare services, has been relatively high over the years. Social workers with experience in other program areas have generally not been applying for transfers into child protection in particular. During the consultations, social workers have told us that they had a sense that child welfare work is not highly valued in comparison to other fields of practice in social work and even within the various program areas in Health and Community Services. They have also complained about a lack of support from the system; lack of training opportunities; and an ever-increasing concern about personal liability related to the risk in the child welfare field.

The difficulty in recruiting trained social workers to fill vacant position in child protection has ultimately led to having to accept candidates with little or no experience in social work. In the past few years, attempts have been made to remedy this situation such as staff rotation policies. This has unfortunately contributed to poor staff morale and stress and sometime discouraging social workers from developing their skills and investing in their own development in a particular program area. Staff rotation, as a regional practice, has been discontinued as of April,1999 as a result of a directive by the FCSS Assistant Deputy Minister.

It is well recognized by many authorities in the child welfare field that this is an area of specialization where we need the best trained and the most experienced social workers. The Department is presently adopting a competency-based training plan for child welfare social workers. This will certainly address many of the needs expressed by the current staff component.

The current policy in New Brunswick is to require all new graduates in social work to have at least six months of social work experience in any area of practice and have completed training in two of the four Child Protection Modules. The same policy applies for social workers transferring from another program area.

Since implementing the policy, the FCSS division has seen some regions struggle to find qualified staff to fill vacancies. In response, permission was granted to prospective staff to take the Child Protection Modules in order to qualify for commencing work. Those workers who have participated indicate that the training does not have much relevance without related experience and some have in fact requested that they be allowed to return to re-take the modules after having experience in child protection for a time. This seems like an inefficient use of scarce training resources.

Staff entering the child protection field are asking for more than two modules of training. What is needed is a "graduated entry" to protection, under the coaching of the supervisor who would be a mentor for the new social worker. This would require a reduced span of workers reporting to the supervisor. It is not realistic to expect a supervisor to mentor new staff with a span of 1:10 however. The span would have to be 1:7 or less. This process sees the new worker assume responsibility for a caseload, but the worker performs certain tasks in conjunction with the supervisor. Some examples of these tasks would be:

- investigating a complaint,
- presenting a case to a Permanency Planning meeting,
- placing a child in a foster home,
- presenting an application before Family Court.

Gradually over a period of several months, the new worker takes on greater responsibility for these activities. Such an approach is not new, and in fact is frequently used by supervisors in an informal way at the present time.

Other provinces have recently implemented similar plans. British Columbia has gone even further and instituted a system in which social workers must receive specialized training prior to being designated as child protection workers. Ontario has recently implemented a "graduated entry" level or pre-work experience for all child protection social workers. Prince Edward Island provides mandatory training for social workers and a mentoring program for new staff prior to designation as child protection social workers.

Recommendations:

- **Develop an orientation package for all new Child Protection social workers which is mandatory before "delegation of authority" is granted.**

- **Implement "graduated" entry into the child protection program with a planned transfer of responsibilities as the new social worker gains experience and**

confidence under the mentoring of the supervisor. This will require supervisors to have a maximum number of reporting social workers of seven or less.

8.7.3 Direct Therapeutic Intervention

For at least a decade, child protection social workers have said that they believe that their work would be more effective if they could spend more of their time in direct therapeutic intervention with children and parents. These persons cite a variety of reasons as to why they feel unable to shift in this direction. Excessive workloads, lack of training, departmental expectations that they function primarily as brokers in advocating for and arranging services, the availability of other community resources, and role conflict between their role of helping parents on the one hand and holding the authority to initiate the removal of children from their parents are other stated reasons.

At a provincial meeting of Child Protection supervisors in February 1991, the highest priority issue was to ask the Department "to clearly define the role of the Child Protection worker with respect to the case management function and the treatment function.[82] To date, little has been determined about this issue, leaving individual social workers, work units and regions to sort this out on their own. Some regions have moved toward a more therapeutic role, while others have tended to stay with a role, which emphasizes the co-ordination of assessment, referral and monitoring as the central feature of their case management.

How social work managers and front line staff view the management of cases is central to service delivery. Some see case management and treatment approaches as two, mutually exclusive practices. Others believe that direct treatment can be provided *within the scope* of case management. A discussion on this subject often results in a realization that not everyone is using the same definition of "case management". There are, in fact, many definitions and models of case management in the literature.

As a part of this Review, an external consultant was contracted to research the literature for: (a) the different definitions of "case management", (b) a concise definition of the " systemic approach", which includes an emphasis on time spent in direct contact with the child, parent or extended family; (c) where this approach was being used and (d) any research which dealt with client and staff satisfaction, effectiveness and efficiency of this approach.

The consultant's report, *Case Management and The Systemic Approach in Child Protection Services* revealed that there is no "standard" case management model, but rather several different models that combine various functions or tasks on a continuum from linking clients with appropriate resources to combining therapy with planning and co-ordination of services.

The Report also pointed out that there is a consensus among experts in the field of child welfare that successful outcomes in case management are obtained when the case manager intervenes directly, through therapy and consultation, with the client, and not just directs the client towards other service providers. Within this therapeutic approach, the case manager can systematically establish links between various tasks, the client system (family, formal and informal networks), and the service providers.

The Consultant's report also noted that *The Field Guide to Child Welfare* [51] proposes an organisation of services, which combines case management with systemic family therapy. This service delivery model is particularly applicable in the child welfare system because it considers all resources available to the family as well as the potential for parents to move toward more positive parenting practices.

In comparison to other disciplines where case management is a form of practice, case management in social work involves assessing the client's bio/psycho/social status, as well as the client's social system. Accordingly, the Ontario Association of Social Workers (OASW) as well as the National Association of Social Workers in the United States have developed guidelines that make a distinction from case management practised by other disciplines. According to the OASW:

> "Social work case management interventions occur at both the client and systems level. It requires the social worker to develop and maintain a therapeutic relationship with the client, that promotes changes in attitudes, behaviours and coping skills... Within the service delivery system, case management is premised on reducing fragmentation between services at the same time optimising the best use of limited resources. "[83]

During consultations with management and front line staff in regions where a direct therapeutic intervention is practised, social workers were asked to describe the unique features of their intervention. In simplest terms, the answer was that more time was spent using this approach in developing "helping relationships" and in providing direct counselling, compared with other approaches to service delivery. Counselling to clients and families included helping to identify and benefit from various services, helping the family to deal with a particular crisis in the family, maximizing personal and community resources, providing support in times of grief or other types of stress and/or to resolving parent-child conflicts.

From these consultations and others, the CWRR Project Team was told that most social workers in the Child Welfare system do provide some level of counselling services in their daily work assignments; but the degree of direct contact with the client varies. Consequently, there seems to be a need to examine the amount of time social workers spent counselling clients versus that spent co-ordinating services for the client. The practice of routinely sending clients to outside agencies for counselling and involving numbers of therapists with the family where it would be more effective for the social worker to be the therapist, given the opportunity, speaks to the heart of the profession of social work.

The question may arise: why should direct intervention be any more effective than a well co-ordinated service delivery where the social worker acts as the professional "broker"? Some answers to this query are: external service providers may not share the same philosophy as the hiring organization, ex. permanency planning; social workers who arrange outside services may not have the time to become as familiar with their families, services to the family can become more fragmented, and families are having to cope with many different service providers going into their homes.

Social workers should be well suited to provide family therapy or other forms of direct treatment, but extensive and on-going training is required to develop competencies in this field. Professionals develop their competency through work experience as well as training. The skills of a therapist are developed by working closely with clients and their families and not at arm's length while acting as a co-ordinator of services provided by other professions.

Recommendation:

Develop and implement a clear policy on case management functions in the child welfare system that emphasizes direct treatment by social workers. This would include:

- **Ensuring training in family therapy is an integral part of the core competencies required for all child welfare social workers as well as their supervisors and senior social work practitioners; and**

- **Committing to long-term and on-going training in direct treatment with a provincial and regional training plan along with resources to meet identified goals.**

8.8 Cross-Disciplinary Training

Another team under the Child Welfare Project was asked to examine the training needs of staff, foster parents and adoptive parents under the umbrella of the Family and Community Social Services Division. The Training Design Team is recommending the adoption of a "Competency Based Training System". While the CWRR Project Team supports this approach, it is believed that this does not go far enough.

At the Large Group Consultation held on April13-15, 1999, there was a strong endorsement of the need for "cross-disciplinary" training which would bring together all of the various government, private and community individuals who are required to make the child welfare system function effectively. (*Shared Responsibility for Our Children and Families*, CWRR Project, pp. 64-68).

There is an opportunity to build cross-disciplinary training around the 1995 revised, interdepartmental protocols on "Child Victims of Abuse", which have been approved by the Ministers of six provincial government departments. The challenge is to determine who is responsible to take the lead on this type of training. While the Department of Health and Community Services has been charged by government as the lead department for the child welfare system, there has to be shared planning, shared funding and shared participation for cross-training to be effective. No one department has sufficient resources to train such a large and diverse group as police officers, physicians, nurses, teachers, psychologists, foster parents and social workers.

There are many anecdotal reports that professional staff in a variety of departments are not aware of the existence of the Child Victims of Abuse Protocols. This is partly a consequence of not having an ongoing training and monitoring system in place.

Recommendation:

> **Invest lead responsibility in the FCSS Division for on-going training in child welfare across all departments. This will include: the concept of shared funding, lodging the FCSS responsibility center with the Child Welfare Training Consultant, lodging the regional responsibility centre with the Regional Program Co-ordinators and using the Children At Risk Teams (CART) as a vehicle to facilitate cross-disciplinary training.**

8.9 Collaboration and Partnerships

"Shared responsibility is the key to the well-being for a child". (*Shared Responsibility for Our Children and Families*, CWRR Project).

For some time, partnership arrangements between the Central Office of DHCS and other government agencies have existed in relation to child welfare issues. Examples of these include the Interdepartmental Committee on Family Violence and the Working Group on Protocols for Child Victims of Sexual Abuse. But at the regional level, formalized cross-sectorial partnering is only just beginning. With the establishment of the Children At Risk Teams (CART) in 1998, a vehicle now exists for bringing partners together to resolve issues around the abuse and neglect of children. These teams have recently been established in all FCSS regions and the potential exists for effective collaboration.

Partnership was also fourth in priority list of issues identified in the Large Group Consultation. Examples of some of the concerns were:

> "There is little flexibility by other departments to provide emergency relief in child protection cases";
>
> "Mandates and policies across departments are not compatible";
>
> "There is not a clear understanding of the roles of other departments in child welfare";
>
> "We don't know what information can be shared";
>
> "DHCS does not do a good job in getting back to referral sources. We never know if the children we refer ever get serviced".

From the Invitation Letter, issues of partnership related to how divisions work together within the Department. Examples of these comments were:

> "How can Public Health assist in child protection cases?"

> "Are other divisions aware that when downsizing and/or policy changes occur in their area, some of these changes impact on our programs. Example: SSE?"

Shared values between partners provide the ground on which to build partnerships and further the development of common goals.[84] MacGillivary *et al.* list the following key elements collaborative: clear and open communication, open-mindedness and sensitivity, ongoing learning, mutual respect, caring and, ultimately, trust.[85]

These same key elements were identified in a number of the recommendations arising from the Large Group Consultation. Recommendations around (a) partnerships, (b) sharing of information, (c) cross-disciplinary training, and (d) community responsibility promoted the idea of collaborative *practice*.

For example, the draft description in the recommendation on *Partnership* stated:

> "The implementation of a partnership model inclusive of individuals, the family and community which shares responsibility and actions for healthy child development based on a common vision, as well as the sharing of resources, information and accountability". (Large Group Consultation Report)

The draft description in the recommendation on *Sharing of Information* said:

> "A cross-disciplinary approach, while not betraying client's confidentiality to the wider public, allows mutually-supportive and free information sharing, integration and communication amongst professionals." (Large Group Consultation Report)

The *Cross-Disciplinary Training* recommendation included the following draft description:

> "Cross-disciplinary training is a process designed and delivered to a group of professionals who represent various disciplines and agencies who are involved in the Child Welfare system. It is not about training everyone to learn the same skill, but it is to develop an understanding of each others roles and understanding of the ways of intervening in child abuse and neglect." (Large Group Consultation Report)

And, finally, the recommendation developed for *Community Responsibility* challenged government:

> "To develop a process for a community-based response to Child Welfare which will enable the community to take ownership." (Large Group Consultation Report)

Further to the last recommendation, participants said that government and agency partners must "accept a shared vision" and become "open to community involvement". In the last 30 years, the community as a resource has been excluded, with some exceptions (ex. ADACHILD), from serious involvement with child welfare. Service clubs, the religious communities, village councils are examples of potential partners. Crisis nurseries, walk-in counseling centers, Parents Anonymous organizations are just a few examples of what the community could offer. Committees such as CART could serve to promote community involvement.

If the attributes of collaboration, as defined by MacGillivary *et al.*, are integrated with those synthesized from the work of the Large Group Consultation, a proposed definition for *collaborative partnerships in child welfare* in New Brunswick might read:

> ***It is an integrated strategy made up of all partners in child welfare, including community and families whose "service delivery" has the following attributes: Trust, based on a common vision, values and goals; sharing of resources and appropriate information, mutually supportive, understanding of each members roles and responsibilities, and respectful of clients, especially in matters of dignity and privacy.***
>
> ***To support an integrated strategy, partners must be willing and able to change "policies" (or in the case of families and communities, change attitudes) and commit resources to realizing the goals; and they must be willing to accept responsibility and accountability for the outcomes.***

What are the barriers to achieving effective partnerships? Again, turning to the work of the participants at the Large Group Consultation, five problem areas were identified in the recommendation on *partnerships*. These were: service deliverers working in isolation from other service providers, i.e., "silos" as opposed to team; duplication and, conversely, gaps in service delivery leading to a fragmented response; turf issues and communication barriers.

In the recommendation on the *sharing of information*, the barriers were policies and the lack of a willingness to share. Barriers to *cross-disciplinary training* were that "We are too focused on our own disciplines", and the "protection of turf". And, finally, the only barrier identified in the recommendation on *community involvement* was that policies first developed when child welfare came under the mandate of the government have continued to work against community involvement. The partnership has not been encouraged.

Of all partners to become involved in the collaborative process, involving families may be the most difficult partnership to achieve.

> " A percentage of maltreating families will deny the allegations and refuse involvement in any voluntary change process. The caseworker must have the authority to intervene without parental consent, if this is necessary to protect children. Yet, this exercise of authority can interfere with the development of a collaborative relationship and the establishment of an effective change process. " [51]

However, as these experts point out, by encouraging parents to become involved in the planning and service delivery process for their children, the goal to promote change through collaboration can occur.

As a cautionary note, while collaboration can help to improve the smooth delivery of services, i.e., work against fragmentation; collaboration alone won't improve outcomes. Experts working with threatened communities point out that what is needed in addition to partnerships is comprehensive and responsive services with community development, economic development

and reforms to improve housing and public safety. This interaction will provide for synergism that will result in an effective outcome for families facing crises. [86]

In summary, it is apparent that across the areas of child welfare practice in New Brunswick there is rich opportunity and high degree of willingness to promote collaborative partnerships. In the areas of information sharing, cross-disciplinary training, and in expanded involvement of partners to include the community and families, there are common elements that support moving toward a more integrated service delivery to families and children in the NB Child Welfare System.

Recommendations:

Accept the proposed definition of collaborative partnership as set forth in this Review document.

Senior officials in the Department of Health and Community Services take the lead in initiating discussions with other government departments about how to collaborate effectively in delivering services to children and families in the Child Welfare system. This might involve looking at existing models of case management that involve identifying a "lead agent" for each family served by multiple departments.

Identify a Central Office responsibility center for supporting the work of regional CART (Child at Risk Teams).

Request that FCSS Regional Directors remind their staff of the Department's policy to promote collaborative partnerships by responding to referral sources from schools and hospital corporations with appropriate, timely feedback regarding disposition.

8.10 Program Evaluation and Monitoring

Governments are expected to be accountable for the effective and efficient delivery of services, and for good fiscal management of their programs. Evaluations should measure programs for *resource utilization* (money and people), *reach* (target population served) and *results*. [87] To effectively evaluate programs, goals and objectives, and expected outcomes must be part of the development plan. Unless these planning elements are clear at the outset, evaluation of change becomes difficult, if not impossible.

Integrating an evaluative or a monitoring component within FCSS Division will require a shift in practice and consequently in policies, as well. Whether it is monitoring, formative evaluation, outcome evaluation or quality assurance, these activities need to become an important component in service delivery at all levels of the organization.

The value of evaluation as a tool for change is summarized by Rutman who defines evaluation as an activity that: [88]

1. Focuses on effectiveness;
2. Examines how programs operate;
3. Relies on scientific and systematic methods;
4. Pays attention to process and outcomes;
5. Measures goals and effects; and
6. Meets information needs.

Evaluations are also important as an avenue by which clients can tell program managers about their experiences and about their level of satisfaction with a program. Some opponents to the evaluation process say that satisfaction indicators are "soft" measures, not reliable and that satisfactions studies are too expensive. Others acknowledge the importance of what clients can tell evaluators about a program. In spite of arguments to the contrary, it can not be denied that if clients do not perceive a program as helpful, they will not use the service, and thereby the best intended strategies will be defeated.

Evaluation was supported by other teams in the Child Welfare Project. The Audit Team, Workload Measurement Team on Adoption, and the Workload Measurement Team on Child Protection all identified the importance of evaluation in helping to assess success of child welfare programs.

In the last decade, two evaluations have been completed specific to children's programs: the 1995 evaluation of SSE and the 1995 evaluation of the STAR project. More recently other evaluations are well underway, namely, the Guardianship Evaluation, an outcome evaluation (see **Section 11.0**); the evaluation of the Youth Treatment Program, a process evaluation; and a baseline study of the School Readiness which is the overarching goal of ECI.

Recommendations:

Establish a process with the Program Analysis and Evaluation Unit of the Department to annually prioritize areas for evaluative studies in the Provincial Child Welfare Programs.

Promote a client satisfaction component to evaluative studies conducted in the Child Welfare Programs.

8.10.1 Monitoring Indicators

Monitoring programs on a continuous basis according to established indicators is related to evaluation. Whereas evaluations focus on effectiveness by measuring indicators of outcome and impact, day-to day monitoring is more often associated with measuring indicators of program outputs. Output or "process" indicators are frequently used to measure program performance, though by themselves give only part of the story about a program's overall effectiveness.

The DHCS has identified only one performance indicator for monitoring child welfare service delivery. That indicator, a process indicator, measures the program standard regarding time to case closure in the Child Protection Program. By itself, this indicator is not highly informative as pointed out in **Section 5.1**, the recidivism of these cases- i.e., a measure of outcome, cannot be reliably tracked. As well, no program can be accurately measured by the use of only one indicator: several are needed to complete the picture. Work has commenced to develop other program indicators in the area of child welfare.

Monitoring performance of a program should also include a Quality Assurance component. The work of the Audit Team revealed that social workers in the Child Protection Program were facing difficulty in meeting the program standards. Through the audit, gaps were discovered that have resulted in improvements to the program. This philosophy should be promoted province-wide and monitored through audit on a regular basis to identify if standards are being met, if good decision-making is occurring and good record-keeping is being followed.

Recommendations:

Within the context of a framework that defines the vision and elements of an effective child welfare service delivery system, define program measures, indicators and expected outcomes for all Child Welfare Programs in FCSS.

Establish a process for ongoing and consistent monitoring of performance indicators, with a responsibility center lodged in Central Office, and regional responsibilities clearly defined.

In keeping with the philosophy of Total Quality Management, ensure that Child Welfare programs are audited routinely and on schedule to ensure adherence to standards and to identify any gaps for improvement.

8.10.2 Searching for Indicators

There is no lack of indicators for the monitoring and evaluating child development. In recent years, both nationally and internationally, frameworks and/or survey tools for measuring child well-being and monitoring progress have proliferated. Some examples, relating specifically to child welfare, are provided below.

The National Longitudinal Survey of Children and Youth (NLSCY)[89] provides one means of tracking child outcomes. Given its longitudinal design, there is the potential to monitor the results for New Brunswick children and families over time. The survey instrument includes measures of interest to practitioners of child welfare. Some of these measures are: demographic characteristics of the parents, responsiveness of the parents to their infants (attachment), parenting styles (four dimensions), the cognitive and behavioral competencies of children approaching school age and family income. Data collected by this survey will be province-specific, beginning in 2001. While these data are not specific to a single program area, they will give a provincial overview of child health and parenting practices in New Brunswick. Results from this survey should be made available to all child welfare programs.

Some jurisdictions and national organizations have spent considerable time developing program goals, objectives and measures. One of the more comprehensive projects is the Performance Management Framework developed recently in the United Kingdom as part of a national exercise to improve the effectiveness of children's social services.[90] An example of one of the objectives in the Framework follows:

> Objective: "Ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood.
>
> Sub-objectives:
> a) Number of changes of main caregiver;
> b) Period of time children looked after before placed for adoption or placed in long term foster care;
> c) Number of families of children in need supported by a series of planned short term arrangements involving for each child the same substitute (respite) carer."

According to the authors, the "latter indicator is significant for children with disabilities and it tracks whether or not children are being moved in and out of '"care"' in an unplanned way".

Other examples of indicators are found in the report of the Casey Outcomes and Decision-Making Project.[91] In this comprehensive framework, core children's service indicators are focused on outcomes in the major domains of permanency, well being, family support, safety, decision making and satisfaction. The indicators are ones that would support program evaluations for effectiveness.

The Provincial/Territorial Directors of Child Welfare have identified eight elements of an "effective, efficient and responsive child welfare system".[92] These elements have the potential to be used to form a framework of indicators. They are:

- Reporting child abuse and neglect;
- Assessing risk of abuse and /or neglect;
- Ensuring continuity/permanence for children in care;
- Advancing workforce competence;
- Ensuring outcome-oriented, quality case management;
- Increasing administrative and program capacity in child welfare; and
- Sharing information and research

And, finally, the discussion paper released recently as part of the Canadian National Children's Agenda provides an array of indicators of key environments and child outcomes.[93] Environment indicators are arranged in categories of society, community, child care/preschool/school and family. Child outcomes are categorized under health, safety and security, learning and social engagement/responsibility. They cover a span of ages from birth to 18 years of age.

Recommendations:

Require the Program Analysis and Evaluation Unit to track data from the NLSCY according to specific indicators deemed important in child welfare, and to present their findings to managers in Child Welfare Programs.

Continue to stay actively involved in the evolution of the National Children's Agenda (NCA).

Use the National Children's Agenda, the Casey Outcomes and Decision-Making Project, the Framework for Children's Social Services for the U.K. and the work of the Canadian Directors of Child Welfare to develop indicators for NB Child Welfare Programs.

8.10.3 Electronic Capture of Data

FCSS staff have been using the Person Index, Case Registration and Resource Management subsystems of RPSS since 1984. Although this step towards automation in Child Welfare brought many benefits, and was at the time of implementation, considered "state of the art", the RPSS system has largely been unable to provide reports that could comprehensively track outcomes in Child Welfare. In addition, specific information necessary for evaluation has not been easily available, with much of it maintained manually in files in regional offices. As a consequence, program evaluation requires lengthy file searches of the type recently undertaken by the Audit Team.

The Department has been almost five years in developing a system-wide data tracking system that would enable a consistent, reliable input and retrieval of program, and client information. Regrettably, the Client Service Delivery System (CSDS) is still not fully developed, although much of the programming is now completed. There is a concern that due to cost implications; important program indicators will not be included in the system when it does become operational.

As stated previously, outcome measures have yet to be defined, but once defined, these measures will impact directly on the way in which data are gathered and processed by CSDS. Whether the Department would delay the implementation of CSDS until the definition of outcome measures is completed and the CSDS system is redesigned to reflect these measures, seems unlikely.

Taking a broader perspective, it is crucial that government departments begin to explore ways of sharing information on those children and youth who are in receipt of multiple services across government departments, and for whom such sharing would be both desirable and in the best interest of the client. This approach would have to take into consideration the restrictions imposed by Bill 55, which addresses issues of privacy and confidentiality in the sharing of personal information.

Recommendations:

Ensure that when outcome indicators for all Child Welfare Programs are defined, that resources are available to program these into the new CSDS system.

Develop a process to ensure data around program indicators are accurately captured in all FCSS regions, and that monitoring of programs occurs on a regular basis.

Explore ways in which government departments can share information on children and youth in receipt of multiple services across government departments.

9.0 OVERVIEW and PROGRESS of THE OTHER CHILD WELFARE PROJECT TEAMS

9.1 Background

The Action Plan that resulted from the report from the Child Death Review Committee was referred to earlier in the **INTRODUCTION** to this Report. This Committee was established in March, 1998 with a mandate to examine the deaths of all children under 19 years of age who were in the legal care of the Department of Health and Community Services at the time of their deaths, or who were known to the Child Protection system for the twelve months prior to their deaths.

In July 1998, the Committee presented the first report on the death of Jacqueline Dawn Brewer in which 14 recommendations were outlined for the Department's consideration. These recommendations of the Child Death Review Committee Report pertained primarily to the **Child Protection Program** as the situation reviewed by the Committee was of a child protection nature. In September 1998, the Department presented its response to the Committee's recommendations, and outlined an action plan.

As a result of the Action Plan, the Child Welfare Project Teams were created. Teams were each assigned a recommendation(s) from the Child Death Review Committee Report. At the time of its inception in October 1998, the Child Welfare Project consisted of 12 teams, including the Comprehensive Review and Redesign Project Team. Later, three additional teams were added for a total of 15 teams.

The information, which follows, provides overview of the mandate and work to date of the other 14 teams of the Child Welfare Project. Most of these teams are addressing or have addressed the 14 recommendations, most of which pertain to the Child Protection Program. It is for this reason that the CWRR Project Team has not provided recommendations specifically to service delivery in Child Protection.

Other teams, i.e. Child Advocate, Training (design), Workload Measurement teams for Adoption, Children's Residential Services and Child in Care, and the Comprehensive Review and Redesign have gone beyond the recommendations of the Committee's report.

These teams are made up of DHCS staff from across the Province, though some teams have other departmental staff involved as well as child welfare stakeholder groups. Approximately 135 individuals have worked, or continue to work, on these teams since the launching of the Project at the end of October 1998. Some teams have completed their mandates, have presented their report/recommendations to FCSS Divisional Management and some recommendations have already been realized. Other teams had a different time frame for completion of their mandate are still pursuing their work.

9.2 Mandates and Progress to Date of The Other Child Welfare Project Teams

9.2.1 Legislation

The Legislation team has completed its mandate regarding the removal of barriers preventing information sharing with regard to "children at risk", as well as making amendments that clearly state that when there is a conflict between risk to the child and preservation of the family unit, that the "best interests of the child" must prevail. Provisions for these changes were assented to in the last sitting of the Legislature (March 1999), and they were proclaimed in August 1999.

9.2.2 Working Conditions

The team has made recommendations to improve the employment conditions of frontline Child Protection social workers.

The team's recommendations fall into the following categories: re-assignment of non-social work tasks; vacancies and replacements; supervision; provincial annual program meetings; access to legal expertise; safety and security; recruitment and retaining incentives; access to technology and media promotion i.e. public education and awareness.

9.2.3 Public Health

The main mandate of this team was to review the role of nursing interventions with children and families receiving child protection services. Public Health and Family and Community Social Services divisions collaborated to reach an agreement related to the provision of nursing interventions provided to families receiving Child Protection Services. Working protocols have been established in all seven regions as a forerunner to a departmental policy.

9.2.4 Mental Health

The principal mandate of this team was to review the role and mandate of Mental Health when working with children and families receiving Child Protection Services. Both FCSS and the Mental Health Divisions have agreed to the principle that Child Welfare is everyone's responsibility. Children receiving Child Welfare Services are the most vulnerable and must be seen as priority for assessment and treatment.

Terms of reference for monthly regional forums have been developed and these meetings will begin in September 1999. The purpose of these monthly forums will be to establish a regular forum to ensure timely access to Mental Health services, and to ensure a continuum of services for children in child welfare. A process for evaluation of this initiative will be established.

9.2.5 Child Protection Standards

The mandate of this team was to review the existing standards in the areas identified by the Child Death Review Committee.

This review has resulted in the following changes:

- Greater clarification on the dual function carried out by the child protection social worker who has both the authority to initiate the removal of children and the responsibility to provide help to parents;
- Reinforcement of the concept that the best interest of the child comes before all else;
- Modification of the existing administrative procedures in situations where a child dies while receiving services from the Department.

9.2.6 Child Protection Risk Management System

The Risk Management Team has completed one part of its mandate, which has consisted of enhancing the New Brunswick Risk Management System by adding further elements of neglect to the model.

The team will be continuing its activities in the area of implementation and evaluation of the Risk Management System in New Brunswick as well as assisting with the automation of the system.

9.2.7 Audit

This team's mandate was to carry out by means of random sampling an audit of all existing Child Protection cases in the Province in order to identify gaps in services.

The findings of this team have demonstrated significant inability to meet the minimum program standards. In particular, the audit revealed the following:

- Lack of an initial risk assessment (23.9%);
- Service plans not completed within 30 days of opening the case (40%);
- Risk not re-assessed every three months (93%);
- Service plan not updated every three months (66.2%); and
- Face-to-face client contacts are not conducted in accordance with standards (69.7%).

9.2.8 Training (design)

The mandate of this team was to design a comprehensive child welfare training system within FCSS. This comprehensive training system is to develop the skills needed by the child welfare

staff and caregivers i.e. foster parents/adoptive parents in order to provide effective services to children.

The team has completed the review of current and developing child welfare training systems in Canada and the United States. Since most of the on-going training design work taking place in Canada is based on the competency-based Ohio model, the team has recommended that New Brunswick adopt a similar competency-based approach to training, and adopt the Ohio model.

9.2.9 Training (specific)

The mandate of this team was to facilitate the development and delivery of learning events in the areas identified in the Child Death Review Committee report i.e. chronic neglect, assessment of parenting capacity, failure to thrive and integrated case planning.

One training event has already taken place. In May 1999, a symposium, "Child Neglect: A Shared responsibility" was held in Saint John, NB, with approximately 800 departmental staff and child welfare stakeholders in attendance. The themes were neglect, assessment of parenting capacities and recognition of "failure to thrive". This was considered to be the first of several training events to be organized to meet the training needs of staff involved in Child Welfare.

9.2.10 Workload Measurement (4 teams)

Although these four teams have presented separate recommendations specific to their respective program areas, their main purpose was to determine the number of child welfare social workers required, in the long term, to meet the needs of children and families receiving child welfare services.

These four teams addressed the measurement of the workload of social workers providing services to children and their families in receipt of Child Welfare Services. These program areas include Child Protection, Children-in-Care, Children's Residential services and Adoption. The objective was to identify the total number of full-time equivalent positions required in the province in each service. To facilitate this process, a workload measurement method developed in British Columbia was purchased and adapted to the New Brunswick reality. This exercise was done according to the programs' expectations i.e. meeting the intent of the legislation, compliance with the department's policies and standards, reflect the diversity and complexity of Child Protection Services and meeting the terms of the collective agreement. The unique feature of the process was that it moves away from the traditional allocation of a number of cases per social workers to an assessment of the time required to carry out core tasks.

The results have indicated that a significant number of additional resources are needed to deliver quality services according to the present legislative, standards and policy requirements.

The four Workload Measurement Teams have recommended the following full-time equivalents in front-line social work resources, respective to their program area:

- Child Protection - 143 *additional positions*
- Child in Care - 19 *additional positions*
- Children's Residential Services -10 *additional positions*
- Adoption - 5.1 *additional positions*

The four workload measurement teams have all noted that this is the number of staff required using current work methods. If efficiencies can be found in the way that work is carried out, the number of required FTE's could be reduced.

Adding front-line workers will require an increase in supervisors and administrative support staff. As well, the span of the supervisor to social worker will have to be reviewed, given the fact that the Child Welfare League of America has recommended a ratio of 1:5 whereas the maximum span by policy now in NB is 1:10.

These four teams have also made other recommendations, which support the recommendations already presented in the report of the CWRR Project Team. These include services to the 16 up to age 19 youth, subsidized adoption, birth parent services, post legal adoption services, residential services for "high needs children/youth" and recruitment of adoptive parents. They also identify the importance of program evaluations.

9.2.11 Child Advocate

The mandate of the Child Advocate Team was to develop recommendations regarding the establishment of a Children's Advocate and child advocate services for New Brunswick. The report, *A Voice for Our Children: A Child/Youth Advocate for New Brunswick*, was prepared by the Interdepartmental Child Advocate Committee, which is chaired by the DHCS, with representation from Justice, Solicitor General, Human Resources Development and Housing and Education (Anglophone and Francophone).

In developing its report, the Committee undertook research, drew upon the experiences of other Canadian jurisdictions and held a consultation process with key stakeholders. The Committee concluded the following:

> *That **an independent Children's Advocate and Child Advocate Service** be established which is based on a **vision for children and youth,** which recognizes their rights, needs and values their views; demonstrates a strong **commitment** to children and youth that promotes children's rights as outlined in the United Nations Convention of the Rights of the Child; **advocates with children and youth** and their natural advocates to ensure the rights of children and youth are respected and valued; is **proactive**, not reactive; is **non-partisan** ; and is **a voice for children.***

10.0 FIRST NATIONS

The following section was submitted by the Supervisors of the NB First Nation's Child and Family Service Agencies in response to an invitation by the CWRR Project Team.

Child and Family Services among the Mikmaq and Maliseet communities of New Brunswick have witnessed many changes during the past three decades. In the sixties, services to children and families were in the hands of the Chief and Council on the reserve. This was a program administered by Indian Affairs in which the Chief and Council would find homes on the reserve for children who needed them. The Department paid for the foster homes.

In the early seventies, the responsibility for providing Child and Family Services to First Nation children was transferred to the Province. The provincial social services provided services to the First Nations and were reimbursed by the Federal Government via Gentlemen Agreements. This way of doing things began to be a problem. In many cases social workers were imposing non-native standards upon Indian homes. Many children were taken into custody and placed off Reserve. There were also long delays in returning the children to their families.

In May of 1983, four First Nations, the Department of Indian Affairs and the Provincial Government signed a tripartite agreement. This agreement was referred to as the Canada-New Brunswick Indian Child and Family Services Master Agreement. The intent of this agreement was to oversee the delivery of social services by the First Nation Communities with the federal government providing the funding. This agreement included the four First Nations that submitted the initial proposal. Since 1983 a total of eleven Child and Family Services have been developed, which include fourteen of the fifteen First Nations. The remaining First Nation is currently contracting from an existing agency with the intent to have their own agency in the near future.

In 1989, the Federal Government put forth what is called the Indian Child and Family Services (ICFS) Management Regime. It came about due to Cabinet concerns that the development of Indian Child and Family Services organizations was proceeding in an unplanned and ad hoc fashion. A central concern of the regime is financial and thus it advocates the use of a formula to determine funding and the centralization of ICFS agencies to allow for efficiency. This has been an issue for all Indian Child and Family Service agencies in New Brunswick since the inception of this Regime in 1993.

10. 1 What is Working in First Nation Agencies?

- Services are community based.
- Majority of agencies provide one stop shopping by physically locating services such as alcohol and drug workers, community health nurses, etc. in the same building, with intent for others to follow.

- The allowance of more flexibility, with not as much bureaucratic red tape, allows for more creativity to exist.
- Services are focused on the needs of the community.
- The structure of the First Nation Community provides support from the Leadership as well as other First Nation programs.
- Dedication of staff is high.
- First Nation agencies have good working relationships with other First Nation agencies.
- Present integrated services provide for effective intervention amongst the various disciplines
- Accessibility to other First Nation services is more effective
- Community based programming allows for quick response time
- When working in ones' own community there is a vested interest in the community, services are more accessible and ownership is high.

10.2 What are the Concerns of First Nations Child and Family Services?

- While working in one's own community is an asset, it can at times be a liability for a number of reasons. There is a lack of privacy, workers and their families are at risk, personal life is minimal, social work is done 24 hours a day, burnout is high, and clients can lose true sense of privacy.
- Lack of knowledge from some outside provincial departments.
- Lack of awareness by some outside service providers of the existence of First Nation agencies.
- Insufficient input from the Department at the Ministerial level to the Department of Indian Affairs regarding negotiations of First Nation agency resources.
- Lack of support from the Federal government in recognizing authority of First Nation Child and Family Services agencies in decision making.
- Funding level is insufficient to meet the services required.
- A number of First Nation Child & Family Services agency staff salaries are not comparable to salaries of social workers employed by the Department of Health & Community Services.
- The Department of Health & Community Services does not recognize responsibility to non-natives receiving counseling services from First Nation Child & Family Services agencies.
- Lack of resources for specialized training.
- Lack of First Nation social workers to accommodate staffing needs.
- Lack of First Nation legislation and a First Nation Child Welfare Act.

10.3 What are the Solutions for First Nations Child and Family Services?

- The development of First Nation Legislation and a First Nation Child Welfare Act.
- Financial support for another Bachelor of Social Work degree program.
- Development and provision of specialized training unique to First Nation concerns with respect to culture, language and social issues unique to First Nation peoples.

- Provincial government accepting responsibility to reimburse counseling services to non-natives residing in First Nation communities being serviced by First Nation Child and Family Services.
- The Department of Health & Community Services needs to increase their advocacy to ensure the funding level and services of Indian Child & Family Service agencies are comparable to the programs available through the Department of Health & Community Services.
- The Department of Health & Community Services needs to increase their advocacy to the Department of Indian Affairs, to ensure that the Department of Indian Affairs respect the authority and professionalism of First Nation agencies.
- More education and cultural awareness is required to teach outside agencies and government departments about First Nation Child and Family Service agencies.

10.4 Conclusion

This Brief has provided the CWRR Project Team with a synopsis what is working well in First Nation Child and Family Service agencies in New Brunswick, along with concerns and solutions for these agencies. It is our belief that through further discussion and action, our concerns can be addressed effectively. It is only through cooperation and mutual support from each government that Child and Family Services will receive the recognition and support it needs to move effectively and progressively into the future.

11.0 FROM THE PERSPECTIVE OF CLIENTS

The following section was submitted by Dr. Kathleen Kufeldt at the request of the CWRR Project Team. It is based on interim results from the evaluation of the NB GUARDIANSHIP PROGRAMME. Dr. Kufeldt is an Adjunct Professor at the McQueen Fergusson Research Centre for Family Violence, University of New Brunswick, and the Principal Investigator for this evaluation.

11.1 Introduction

A preliminary report was prepared at the request of the Child Welfare Comprehensive Review/Redesign Team and is based on responses received to date from a mail out survey to young adults who were formerly in guardianship care. A full description of the evaluation project is to be found in the original proposal.

The population size was originally estimated to be 120 adults, that is all those who left care in the years 1987, 1991 and 1995 (young adults aged about 23, 27 and 31), excluding those with development delay. The current estimated total population is actually 214. Three of the population have died and 41 (19 percent of the population) have so far not been located. To date, 165 surveys have been mailed out and 79 returned. Five declined to participate, giving us 74 valid surveys with which to work. The return rate to date is 37 percent of the total population, but 48 percent of the available sample. This is a very respectable return rate for a mail out survey, given that we have not yet sent out a second reminder. Some respondents have been hesitant because of the inability to protect confidentiality in situations where there was prior abuse reported. Nevertheless some did agree to participate. Abuse situations are being reported back to the Department.

To date 143 (69 percent) file searches have been completed. An initial frequency run has been produced, but since not all mail out survey responses have a matching file search completed, any comparison of data at this stage would not be valid. Information in the preliminary report is based on the mail out survey results only.

A second mail out and reminder is shortly going out to the non-respondents with the expectation that sample size will increase. Before the final report is produced at the end of this year, a reliability check will be conducted. A discussion of findings to date, based on a sample size of 143 is presented in this report to help inform the Child Welfare Comprehensive Review.

11.2 The Sample

One third (32 percent) of those responding are male; two thirds (68 percent) are female. This compares to a breakdown in the available sample of 42 percent male and 58 percent female. In other words, the women were somewhat more likely to respond than were the men. Three-

quarters (75 percent) of respondents are anglophone, the rest (25 percent) francophone. Age range is 22 to 33 with a mean age of 27.

11.3 Retrospective Views

Of interest to the Committee are the retrospective views of former subjects of guardianship orders. To this end, a number of open-ended questions were put to them. Their answers to date very often clustered into interesting themes.

If you could change any of your life, what would you most like to change?

The most likely answer (29 percent) was to have more education. Fifteen percent wished that they could improve their socio-economic circumstances. Eleven percent would like to change their bad experiences in foster care, but five percent wished they had entered foster care earlier in life. Nearly a quarter, 23 percent, said that there was nothing that they would wish to change as they had a good experience. Nobody indicated not coming into care as an alternative.

When you think back on your foster care experience, what was best about it?

The most frequent response, and most encouraging, was a positive relationship with their foster family or an overall positive experience. This was identified by 64 percent (6 percent rating it as overall positive). Ten percent sadly had no positive memories. The remaining 26 percent of responses were scattered, identifying removal from abuse, learning skills, meeting other people and contact with family. One, who had otherwise not fared well either in care, or since, identified one good social worker as the best thing about care.

Thinking back, do you have any regrets?

Forty two percent said that they had no regrets. Fourteen percent who had regrets did not say what they were. Those mentioned included wishing for a better foster home placement (12), more family contact (2), finishing school (3) and wishing that their own behaviour had been better.

What are the resentments? (What could have been done better or differently?)

Thirty one percent had nothing to report or said that they didn't know what could have done differently. However, fully a quarter of the sample complained about the quality of their foster home placement. Slightly more than a fifth (21 percent) had concerns about the social work services - some quite negative; others wishing there had been better counseling, better support or preparation for independence. Seven percent resented the fact that they had not finished school. Other comments included lack of family contact, not being consulted, and lack of involvement in other activities.

What, if any, were the turning points in your life?

Most often mentioned was getting married or starting a family (23 percent). Eleven percent said that leaving care was the turning point, but another 11 percent identified entering/re-entering care or a good placement. Others mentioned finding a job, completing education, or a particular life event (as disparate as going to jail or finding religion).

If you could tell children coming into the foster care agency anything right now, what would you tell them?

The most likely response (35 percent) was to tell children to give foster care a chance, as it is there to help them. The next most likely (30 percent) were to maintain hope and belief in oneself. A few, mostly female, pointed out the need to have someone to talk to or to go to for help. Four percent advised trying to stay with family or extended family. A few mentioned staying in touch with siblings or continuing with education.

Can you briefly describe an incident in care that was particularly pleasant or happy for you?

This question elicited a scattering of responses. The most frequent was described as being with a good family (19 percent). Thirteen percent could recall no happy experience. Particularly poignant was that a further 13 percent who described a particular incident such as "...the foster home that gave me a birthday party", "...the year I had a Christmas present", and "...my foster mother wrote me a poem on my wedding day". Other incidents mentioned were contact with own family, summer camping, or a personal accomplishment.

Who was the person most helpful to you while in care (please say whether this was a foster parent, teacher, social worker, friend, sibling or other)?

Over 40 percent identified a foster parent, 32 percent a social worker and 19 percent a friend. Others mentioned were family members and teachers.

Do you have any contact now with any of these people who were helpful to you while in care?

Thirty-three percent still have contact with foster parents. Twenty-two percent have no contact with anyone from their former life. Those who phoned me seemed to welcome this opportunity to make a link with past events.

Would you like to be interviewed in order to talk further about you experience with Child Welfare services?

Three quarters of the women and half of the men, nearly two-thirds (64 percent) in all, would be willing to be interviewed further about their experiences. Some talked at length over the telephone. A couple wrote letters amplifying survey responses.

11.4 Discussion

This discussion focuses on the original three objectives of the project, which are to:

1. Identify how well young adults are functioning who were formerly in the care of the Province,
2. determine which aspects of service were most helpful and, conversely, which inhibited healthy development, and
3. what potential changes in practice might improve the health and social functioning of youth in the care of the Province.

How well are young adults functioning who were formerly in the care of the Province?

Normal developmental tasks of young adulthood are the attainment of:

- educational achievement,
- marital and family status,
- meaningful occupation and
- financial independence.

Our sample is deficient in all of these criteria. What is remarkable is the value that they themselves place on education. It is a continuing theme in their responses. Marital and family status is a tenuous goal for a sizeable proportion. Some live in isolation with, apparently, little hope of achieving a satisfactory family life. Similarly, a meaningful occupation and financial independence appear to be elusive goals for a fair proportion. The difficulty of reaching these goals is intensified by the fact that they do not have well-functioning families to assist and support them. The majority does not even have links to their childhood supports.

The project has not yet developed to the stage where comparisons have been made between the sample group of young adults and their peers. Nevertheless, on the face of the facts just summarized, the graduates of the guardianship program appear to be disadvantaged relative to others in the same age bracket in the general population. An argument sometimes made with respect to graduates of child welfare services is that they reflect the socio-economic status of their parents. A key question to address is whether this is good enough standard to strive for. The principles of the 1989 Convention on the Rights of the Child would suggest that children, particularly those in care, should be entitled to the best care possible:

> A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State (Article 20).

Which aspects of service were most helpful and conversely, which inhibited healthy development?

If one were to conceptualize the purpose of child welfare services narrowly as protection then by and large this is achieved initially. Long-term results are more equivocal. Coming in to care

was the appropriate action, but too many children suffer further abuse within care. And if one enlarges the role of the State to ensure that the child's best interests and well being are protected then results are even more dismal. The survey provides some clues concerning risks and opportunities inherent in child welfare services.

Clearly, the provision of good substitute family life emerges as the most positive aspect of service. This is followed by the potential of good social work to enhance life chances. On the other hand, negative experiences in foster care, especially when abuse occurs, can inflict life-long damage. Similarly, where the social work relationship is not positive, or where the child or young person does not feel valued, or to have a voice, healthy development is inhibited.

Certainly the changes in placement and changes in social workers are serious faults in the service. These aspects intensify the damage inflicted by early experiences in family of origin, causing attachment problems and interfering with education and social relationships. One young man came into care and was placed together with his siblings. Presumably because of the hyperactivity he identified, he was separated from his siblings and then suffered a series of placements. As he said: "Why did they keep moving me instead of finding out and treating my real problem?" One probable answer is the tendency of services to be crisis driven rather than a purposeful planning endeavour.

Particular aspects of normal healthy development become sacrificed to this crisis orientation. These include the lack of attention to education, health and skills required for successful transition into adulthood. Attention to these aspects could compensate to some degree for deprivations and damage in other aspects of the child's life.

Two other aspects of the service inhibit development and increase risk of failure to achieve a productive adult life. These are the disruption of family connections and the lack of continuity. The importance of continued contact with family is well established in the literature. With respect to this sample, the statistics to date provide food for thought. Particularly striking is increase in contact with siblings and extended family members after care. More distressing is the reporting of loss of relatives (parents and grandparents) by death before contact could be re-initiated. Despite knowledge gained from research it seems that little social work attention is given to the importance of family contact (let alone former friends). It may be those assumptions and value considerations inhibit contact. For instance, one young woman described how she was able to renegotiate a positive relationship in adulthood with a formerly incestuous uncle. She described the healing that this brought about for both of them. The social work response would most likely be complete separation of victim from perpetrator (another example of short-term rather than long-term planning).

The lack of continuity is highly evident in survey responses. Its effect is exacerbated by the assumption that, on the young person's attainment of the age of majority, child welfare responsibility ceases. This is out of line with general parental practice. Yet the state assumes parental responsibilities for those who are subject to guardianship orders.

What potential changes in practice might improve the health and social functioning of youth in the care of the Province?

Some of the changes indicated include earlier intervention, improved educational opportunity, enhancement of social work skills, and recognition and respect for the importance of the foster family role.

The need for earlier intervention is reinforced when one looks at the age at which the majority of these young people entered care. The greater number were of school age (and presumably more visible to the community) before being taken into care. It is important to recognize the degree to which experiences in the early formative years affect attachment patterns and later functioning. What is called for is closer partnership with health personnel and expansion of pre-school services.

Changing the approach to service from being crisis driven to having a child development orientation would help achieve other changes called for. The findings to date have affirmed for me the value of the *Looking after Children* approach to practice. It has the potential to achieve the changes just identified. Its values are multiple but can be summarized as:

- focussing social work attention on the full spectrum of developmental needs,
- acknowledging the fact of corporate parenting: taking care of children in guardianship is shared by a number of people,
- this shared parenting requires free flow of communication between all parties, including educational and health personnel,
- children are given a voice, and
- it has a proactive, action-oriented approach to caring for children.

The major challenge to implementation is that *Looking after Children* demands a cultural shift, or radical re-orientation to the way in which child welfare services conduct their business. It will be difficult but not impossible.

Finally, more attention needs to be paid to the point of departure from foster care. Preparation for independence is essential but not sufficient. One approach might be to have an intensive departure interview with the young person to assess the plans for independence, to ensure that there is a continuing link to somebody and to identify after care services.

12.0 LIST OF RECOMMENDATIONS

CENTER OF RESPONSIBILITY - GOVERNMENT:

1. Develop a policy framework for child welfare that would include:

   - Ratifying within the DHCS, across government departments and with First Nations communities the draft Vision and Beliefs for Child Welfare developed at the Large Group Consultation; and

   - Revisiting the policy framework for children ("Playing for Keeps") and incorporating the ratified Vision and Beliefs for Child Welfare within the broader framework of a vision for all children.

2. Adopt a government-wide mandate to prevent child abuse and neglect. Support with policies, resources and programs aimed at preventing children from coming to the door of the Child Welfare system.

3. Appoint a Senior Cabinet Minister with the mandate to oversee the wellness of New Brunswick's children and families. Duties of this office would include overseeing a co-ordinated, prevention focus for child maltreatment across government departments, and acting as a catalyst in galvanizing communities to support parents in raising their children, taking into account especially the challenges facing families living in rural areas of the Province.

4. Establish a position of a Child/Youth Advocate in New Brunswick.

5. Request that the Premier and Cabinet adopt the concept of integrated service planning between departments in order to ensure that the basic physical needs of the people of New Brunswick are met. These needs are food, shelter, clothing, education and in certain rural communities, transportation in order to access services.

6. Accept the proposed definition of collaborative partnership as set forth in this Review document.

7. Explore ways in which government departments can share information on children and youth in receipt of multiple services across government departments.

8. Repeal the unproclaimed legislation respecting the outsourcing of adoption in order to ensure that a seamless continuum of care is provided to children in the care of the Minister.

CENTER OF RESPONSIBILITY - DEPARTMENT OF HEALTH AND COMMUNTIY SERVICES IN COLLABORATION WITH OTHER GOVERNMENT DEPARTMENTS

9. In collaboration with relevant departments, develop a service within the Department of Health and Community Services, for youths aged 16-18 who are unable to live safely in their own homes. Financial benefits, counselling and support services should be provided on a voluntary basis and financial help should be conditional on the continued participation in an educational, vocational, or work-related training program. Those designing such a program should re-examine the recommendations made by the 1991 Interdepartmental Committee on youths age 16 up to 19, and in particular determine:

    - Whether some aspects of the current Human Resources Development and Housing program, which serves youth that cannot live at home, should be transferred to the Department of Health and Community Services;

    - Whether services should be accessed through one common entry point;

    - Whether there is a need to have 16 up to 19-year-old youths brought in the legal care of the Minister in order to provide services to them. This would include examining the required status of those youths who were in custody or guardianship prior to their 16th birthday;

    - Whether any additional services should be provided in the schools to help these youths;

    - What recommendations in the 1991 report are still outstanding and in need of action.

10. Within the planned re-design of the SSE program, address issues relevant to Child Welfare services, particularly as they relate to primary prevention, advocacy, family support services and collaboration among service providers.

11. As a Department, convey to the Department of Education our strong support of primary prevention activities that promote reproductive health in middle and high school youth populations.

12. Develop a teen pregnancy prevention campaign directed toward school age girls and boys from middle school to secondary school that promotes self-esteem, confidence and personal empowerment. As part of the same campaign, find ways to portray the consequences of early pregnancy. The lead for this campaign should be with Public Health and would require working collaboratively with the Department of Education and teens in planning for this campaign.

13. Building on the awareness of professionals who work with women and children about the insidious impact that violence in the home has on children who witness it, approach the Department of Education with a proposal to include in an appropriate program a discussion that helps children to recognize early signs of the use of violence and power in relationships.

14. Encourage the use of men/boys at middle and high school age to help change the negative attitudes of males towards violence.

15. Develop protocols in partnership with Human Resources Development and Housing to access short-term money for those crisis situations whereby children are at risk of removal from their home because of a shortcoming having basic needs met.

16. Develop protocols with Human Resources Development and Housing where safe housing can be accessed in situations where living conditions jeopardize a child's ability to remain at home.

17. Ensure that parents, who wish to access the services of a lawyer, but lack the capacity to pay, can be represented by a lawyer when the Department is recommending a custody agreement. Inclusion of this under the Civil Legal Aid program would be the most likely mechanism to accomplish this.

18. In collaboration with the Department of Justice, find better ways to support Child Protection social workers who are applying to the Court for an Order. This might include increasing the number of FTE's to allow for the hiring of Crown Counsel to service child protection cases that come before the court, paying a third party to deliver Notice of Applications and hiring court coordinators.

19. In collaboration with the Department of Justice, determine how to speed up the time that it takes to obtain a court decision in child protection matters, especially for infants and toddlers.

20. Find appropriate ways to sensitize the Family Court judiciary to issues and practices that adversely affect families and children in the NB Child Welfare system. This could include an invitation to the Family Court Judiciary to attend cross-disciplinary training related to Child Welfare issues and practices.

21. In collaboration with the Department of Justice, develop alternate dispute resolution mechanisms that avoid the present adversarial, formalized process and that are respectful of children and parents.

22. Senior officials in the Department of Health and Community Services take the lead in initiating discussions with other government departments about how to collaborative effectively in delivering services to children and families in the Child Welfare system. This might involve looking at existing models of case management that involve identifying a "lead agent" for each family served by multiple departments.

CENTER OF RESPONSIBILITY - DEPARTMENT OF HEALTH & COMMUNITY SERVICES:

23. Ensure that the philosophy of "best interest of the child" is communicated to all staff in Child Welfare; and that policy development, program planning and collaboration with partners will be conducted with this philosophy in mind.

24. Reaffirm the commitment of all levels and divisions within the DHCS to the philosophy and practice of Permanency Planning. This should include the following:

    - Re-establishing a responsibility center for Permanency Planning in Central Office, as well as in each FCSS region;

    - Instituting training on the philosophy and practice of Permanency Planning in all regions. Include in the training how to assess attachment and separation in permanency decisions, as well as how to assess parenting capacity. Underscore the importance of early decision-making;

    - Establishing indicators for inclusion in the Client Service Delivery System (CSDS) electronic system to monitor and evaluate process, outcome and impact of permanency planning;

    - Review the 1989 evaluation report, "Achieving Permanency for Children" for continued relevance and implementation of recommendations.

25. Develop an on-going recruitment campaign for foster parents which would include raising public awareness of the importance of fostering and stressing the need for homes for particularly hard to serve children/youth.

26. In partnership with Mental Health, co-lead the development of appropriate placement resources for children with severe conduct disorders, psychoses, autism and suicidal tendencies. This would include providing children/youth and their caregivers with adequate clinical and consultative supports.

27. Guarantee to all adoptive parents of children up to the age of 19 years the availability of resources and supportive counselling in the event that they are faced with child-related difficulties that threaten to undermine the placement.

28. Enlarge the goal of ECI to include the prevention of child abuse and neglect.

29. Assess the ECI Public Health Priority Assessment tool for possible enhancement in order to detect factors known to predict child abuse and neglect. This would require that, if modified, the tool be evaluated for its reliability and validity for targeting both the potential for impaired healthy growth and development AND for detecting the potential for child abuse and/or neglect.

30. Design and implement an integrated prevention program directed to preventing child abuse and neglect.

31. Find ways to serve in a timely fashion or find alternative services for mothers and their infants who score six or above for risk, but who are not eligible for immediate service such first-time mothers over the age of 24, or second-time mothers of any age.

32. Re-institute the policy of universal post-natal visits by the Public Health nurses to new-borns in their homes. Allow the nurse to assess the frequency of subsequent visits based on risk factors that may be present in the home.

33. Develop a strategy to increase the visibility of the ECI program across the province in a manner that will increase the participation of those referred for service.

34. Direct the Evaluation Unit of the Department to undertake with Public Health and FCSS a study to examine all aspects of the referral process for service under ECI. Include in that study an examination of the extent of uptake of referrals and the availability of services.

35. Create a Child and Family Services Division, which would include the children's services now provided by FCSS, Mental Health and Public Health.

36. Separate the delivery of Child Welfare services from Long Term Care service delivery.

37. Establish a process with the Program Analysis and Evaluation Unit of the Department to annually prioritize areas for evaluative studies in the Provincial Child Welfare Programs.

38. Promote a client satisfaction component to evaluative studies conducted in the Child Welfare Programs.

39. Within the context of a framework that defines the vision and elements of an effective child welfare service delivery system, define program measures, indicators and expected outcomes for all Child Welfare programs in FCSS.

40. Establish a process for ongoing and consistent monitoring of performance indicators, with a responsibility center lodged in Central Office, and regional responsibilities clearly defined.

41. In keeping with the philosophy of Total Quality Management, ensure that Child Welfare programs are audited routinely and on schedule to ensure adherence to standards and to identify any gaps for improvement.

42. Require the Program Analysis and Evaluation Unit to track data from the NLSCY according to specific indicators deemed important in child welfare, and to present their findings to managers in child welfare programs.

43. Continue to stay actively involved in the evolution of the National Children's Agenda (NCA).

44. Use the National Children's Agenda, the Casey Outcomes and Decision-Making Project, the Framework for Children's Social Services for the U.K. and the work of the Canadian Directors of Child Welfare to develop indicators for NB Child Welfare Programs.

45. Ensure that when outcome indicators for all Child Welfare programs are defined, that resources are available to program these into the new CSDS system.

CENTER OF RESPONSIBILITY - DIVISION OF FAMILY AND COMMUNITY SOCIAL SERVICES :

46. In keeping with the philosophy of "best interest of the child", and the legal obligation under the Family Services Act; and taking into account the child's capacity to understand, consult the child when making decisions that affect his/her life.

47. Examine the concept of concurrent planning, and determine if this should be integrated into permanency planning practice.

48. Continue to move toward the full implementation of the Foster Home Redesign Plan which includes mandatory pre-service and core training for foster care providers in order to provide them with the knowledge and skills needed to foster.

49. Encourage provincially, and support financially, the implementation of peer support groups for foster parents, taking care not to infringe on the opportunity for these groups to take a shared ownership in the process.

50. For children and youth with complex needs, acknowledge the importance of looking after these children by adjusting the remuneration paid to foster parents in accordance with the Foster Home Redesign to reflect what is reasonable given the particular needs of these children and youth and the expectations placed on the foster families.

51. Move toward a team approach in the delivery of child welfare services that includes social workers in Child Protection, Children-in-Care, Adoption and foster families. This would better meet the needs of children-in-care, and increase the retention of foster families.

52. Develop a policy that encourages kinship foster care as the first option to consider when seeking out-of-home placement. Ensure that parameters and guidelines for practice are developed with a flexibility that allows the child to have his/her needs met.

53. Promote the concept of inclusive care by:

- involving birth parents collaboratively in decisions that effect their children;
- ensuring frequent and ongoing contact between an infant or toddler when the plan is for family reunification;
- developing standards to guide the practice of inclusive care;
- providing foster parents with necessary training to understand and carry out the practice.

54. Establish a strong philosophical base for adoption which is widely promoted, well understood and accepted by staff at all levels of the FCSS Division.

55. Review the Adoption program for older and/or special needs children and sibling groups to ensure that barriers to adoption are removed, and that a continuum of services is provided to the children and their adoptive families. This would include a review of the legislation, policies, practices, service delivery structure and resourcing levels.

56. Initiate a short-term (18-month) project, with seconded social work professionals to develop and implement a visible, recruitment strategy to attract adoptive families for all children under the age of 16 years presently in the Guardianship Program for whom adoption is a possibility. This would include an immediate review of all case plans for children currently in guardianship and a strategy for their placement in a permanent home.

57. Promote the uniform use of subsidized adoptions in all regions of the Province.

58. Review the Subsidized Adoption program, including the manner in which financial eligibility is determined, to ensure that the focus is on meeting the needs of children. In particular examine the financial disincentives which discourage foster parents from adopting the children in their care.

59. Pursue a "foster-adopt" home as the first priority in placing children who are likely to come into guardianship care.

60. Encourage the use of the Pre-Decision Counselling Service by promoting its mandate.

61. Remove the barrier that causes a conflict of interest for social workers who are assigned to adoption services at the same time as offering pre-decision counselling.

62. Enhance the Post Adoption Disclosure Register to a fully active one that would permit searches for an adoptee on behalf of birth parents and/or siblings. To resource this service, employ two additional staff: a social worker and a searcher.

63. Develop a policy framework for child welfare that would include:

    - Developing a strategic plan for child welfare that would cover a three to five-year span and include both short-term and long-term goals and their measures.

64. Establish a "secondary" prevention program that includes group approaches and peer support for parents referred to Child Protection program for whom no case is opened, but who may be at risk of becoming a Child Protection case.

65. Eliminate waiting lists for Early Intervention by providing timely access by environmentally "at risk" children and their families. This might be achieved by increasing the capacity of some of the existing EI agencies to deliver services.

66. Request FCSS Regions to examine the role of the SSE social workers in the schools under their jurisdiction and determine what role, if any, they are playing in the delivery of Child Welfare services.

67. Enhance services for children who witness violence in the home. This would include the addition of staff in transition houses whose time is dedicated to working with children to assist them in coping with the abuse they have witnessed.

68. Establish a Working Group within the DHCS to review the Family Services Act and Regulations with regard to the following issues, and make recommendations for any the changes that may be necessary:

    - Length of time in custody - i.e. consecutive vs. accumulated time; and guidelines governing the termination of parental rights; and

    - New type of Court Order for children over 12 years of age where there is no need to sever parental rights.

69. Permit FCSS Regions more autonomy in determining how to organize work units.

70. Charge FCSS Regions and Central Office with the responsibility to find ways of improving linkages and "building bridges" between service providers who must collaborate in order to provide an effective service to children.

71. Establish a working group to examine and make recommendations regarding the role of the Unit Supervisor in Child Welfare with respect to the skills required, a preferred model of practice and the maximum number of staff required to be supervised. This would include a comparison of the average and maximum span of control in other jurisdictions.

72. Establish a working group to examine and make recommendations regarding the role of the Senior Practitioner within child welfare. This includes identification of the following points:

    - The original intent behind the establishment of the Senior Practitioner classification;

    - A description of the current job descriptions of existing Senior Practitioners;

    - The advantages and disadvantages of having the Senior Practitioner classification;

    - A proposal regarding the future of such a classification.

73. Define the role of Home Economists in relation to their intervention with Child Protection cases; their function in assessment of chronic neglect cases; and their intervention with families who are "at risk" of abusing and neglecting their children, but who have not been registered as cases under Child Protection.

74. Recognize that the primary role of the Early Childhood Social Workers in prevention of child abuse and neglect and developmental delay.

75. Recognize that the Early Childhood Social Workers continue to have no case management responsibilities in Child Protection, but that it would be within their mandate to deliver group-based, parenting preparation programs for families "at risk" of becoming Child Protection cases.

76. Discontinue the practice of expecting social workers in the Community Based Services for Children with Special Needs Children to be responsible for the delivery of Child Protection Service. This may require two social workers, one from each program, to work together in meeting the needs of the parents and child.

77. Define the field of practice and develop standards for the para-professionals who provide services to children and families in the Child Welfare System. This would include the following activities:

    - An inventory of the numbers, working titles, qualifications and rates of pay of the para-professionals working in the Child Welfare System, either as government employees or under contract with private agencies;

    - Incorporating in standards the requirement for on-going training and appropriate supervision;

    - Developing a clear policy regarding the responsibility/liability of regulated professionals in regards to the non-regulated para-professionals that they supervise;

    - Incorporating the standards into service provision contracts with external agencies.

78. Develop an orientation package for all new Child Protection social workers which is mandatory before "delegation of authority" is granted.

79. Implement "graduated" entry into the child protection program with a planned transfer of responsibilities as the new social worker gains experience and confidence under the mentoring of the supervisor. This will require supervisors to have a maximum number of reporting social workers of seven or less.

80. Develop and implement a clear policy on case management functions in the child welfare system that emphasizes direct treatment by social workers. This would include:

    - Ensure training in family therapy is an integral part of the core competencies required for all child welfare social workers as well as their supervisors and senior social work practitioners; and

    - Committing to long-term and on-going training in direct treatment with a provincial and regional training plan along with resources to meet identified goals.

81. Invest lead responsibility in the FCSS Division for on-going training in child welfare across all departments. This will include: the concept of shared funding, lodging the FCSS responsibility center with the Child Welfare Training Consultant, lodging the regional center with the Regional Program Co-ordinators and using the Children At Risk Teams (CART) as a vehicle to facilitate cross-disciplinary training.

82. Identify a Central Office responsibility center for supporting the work of regional CART (Child at Risk Teams).

83. Request that FCSS Regional Directors remind their staff of the Department's policy to promote collaborative partnerships by responding to referral sources such as schools and hospital corporations with appropriate, timely feedback regarding disposition.

84. Develop a process to ensure data around program indicators are accurately captured in all FCSS regions, and that monitoring of programs occurs on a regular basis.

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Appendix A

Terms of Reference

Child Welfare Comprehensive Review/Redesign Project

Terms of Reference

Background

On September 21, 1998, The Minister of Health and Community Services, Minister Breault, publicly announced an Action Plan in response to the Child Death Review Committee Report on the death of Jacqueline Brewer. Minister Breault not only responded to each of the 14 recommendations in the Report but she went further to announce that she was commissioning a "comprehensive review and redesign of the New Brunswick Child Welfare System".

The Minister stated that this will include a review of the adequacy of current child welfare standards, policies and practices, and will make recommendations for change, where necessary. The review will give special attention to workload, roles and responsibilities of staff in various child welfare services, and the interrelationships among them.

It will also examine how the interventions made by child protection workers are affected by the quality of care delivered by other services under the child welfare umbrella. The objective of the review is to ensure that our service delivery system is responsive to children's changing needs, and is based on best practices.

This announcement of a review and redesign did not come as a surprise to those who work within the system. The accounts of work-related stresses experienced by service providers, coupled with the societal changes facing New Brunswick families, diminished access to service for vulnerable families and the cumulative effect of these forces on the child welfare system in the province were becoming significant enough to call into question the extent of our capacity to support vulnerable families. In recognition of these pressures, the Assistant Deputy Minister of the Family and Community Social Services Division commissioned a study in the Fall of 1997 for the purpose of identifying current trends, issues and best practices in the field of child welfare, with a view to ensuring the appropriateness of future policies, programs and practices. The study included a statistical review of trends affecting vulnerable families and children over the past 15 years, a child welfare literature review and focus group methodology to identify major problem areas.

In reviewing the history of child welfare in the Province, it is clear that the government has not always been in the business of delivery of these services. In fact, prior to 1967, a variety of Children's Aid Societies were responsible for service delivery and they depended on both private and municipal funding to defray costs. In 1967, the Province assumed the responsibility for not just the design and delivery, but also the funding of services.

In the 3 decades of service delivery by the Province, there have been reviews and evaluations of some components of the system. Most notable are the 1983 report on the evaluation of the child protection program of the NB Department of Social Services *(1)*, the 1986 evaluation of

permanency planning (*2*), and the 1992 redesign of foster home services (*3*). There has not been to date, however, a comprehensive review of the entire child welfare system.

Coupled with the internal concern as expressed above, there is a mounting concern from the public and the media questioning the capacity of the system to adequately protect children. This concern has developed nationally over the past five years and in New Brunswick over the past three years. Much of the focus has been on children who have died as a result of abuse or neglect. The death of 3 year old John Ryan Turner and the subsequent 1996 trial and conviction of his parents for causing his death raised serious questions about the willingness of the public and professionals to report their suspicions of child maltreatment. It also raised questions about the child protection response which led the Department to bring in two expert consultants in the field of child welfare (Andy Koster and Brian Hillier) to review the actions of the Department. Although their June 1996 report found no fault on the part of Child Protection Services, it did make a number of recommendations to enhance service delivery. All of these 8 recommendations have been implemented except for the redesign of the automated client information system, which is currently underway.

In December 1996, two year old Jacqueline Brewer died of neglect while she and her family were receiving child protection services. A year later, in December 1997, the Minister of Health and Community Services established an independent Child Death Review Committee to review the deaths of any child known to the child protection system. The Report of the Committee on Jacqueline Brewer's Death (*4*), delivered in July 1998, again found no fault on the part of individual service providers working for the Department. However, it did point to a number of systemic problems. These problems, which relate mainly to the child protection service, are now being addressed by the Action Plan (*5*) which was developed in response to the report. Since, however, this Action Plan will not address all the substantive issues facing the child welfare system, but will rather be confined in scope to child protection services, it is felt timely to re-examine the entire child welfare system.

Scope

The Child Welfare Comprehensive Review/Redesign will examine the following components of the New Brunswick (NB) Child Welfare system:

> **Child Protection**, which includes the receipt and processing of referrals/reports of children who are believed to be maltreated, as well as the provision of services to families where the abuse and/or neglect of children is substantiated. This includes children living at home, as well as those who must be temporarily removed from their parent(s).
>
> **Children-in-Care**, which includes the provision of services to children who are in custody or guardianship care of the Minister, either by agreement or court order. Also included is the **Post-Guardianship Service**.
>
> **Children's Placement Resources**, which includes the provision of children's placement facilities such as foster homes and group homes.

Adoption, which includes the provision of services for private adoptions, infant ministerial adoptions, international adoptions, older, special needs, and sibling groups adoptions; subsidized adoptions and post adoption disclosure services.

Unmarried Parents Services, which includes counselling and decision support to birth parents of an unborn child who may be considering placing the child for adoption.

Although the scope of this Review/Redesign is primarily focused on the above services, it is recognized that the Child Welfare System can only operate effectively when in concert with an array of other programs within FCSS, other divisions within the DHCS, other departments and with non-government agencies that serve children. Examples of these other services are the Early Childhood Initiatives (ECI), Support Services to Education (SSE), Community Based Services for Children Special Needs (CBSCSN), programs in the Mental Health Division, the Public Health Division, Hospital Services Division ;and other departments such as Justice, Education, Office of the Solicitor General, Human Resources Development and Housing, etc.

Additionally, it is recognized that strong supportive communities with government-sponsored programs can act to either prevent the child's/family's initial need for Child Welfare services or it can reduce the intensity of the problem so that Child Protection services are not required for as long a period. Therefore, it will be necessary for this exercise to examine the links with such support services.

Goal of the Review/Redesign Project

To review, and where necessary, propose a redesign of the New Brunswick Child Welfare system that ensures an effective and efficient service delivery that is responsive to the needs of abused and neglected children/youth and their families.

Objectives

1. To review the existing programs as defined in the above Scope in order to identify what is working well in these programs, i.e. best practices, and what requires improvement, and to report these findings by April 15, 1999.

2. To propose a range of options based on best practices, and make recommendations that will result in bringing about improvements to the child welfare system, and to report these options by June 30, 1999. This will involve establishing linkages with the other Child Welfare Projects as per the Action Plan so that we may build on their findings and recommendations.

Sources of Information

The information needed for this Review/Redesign Project will be gleaned from a variety of sources using several methodologies. These will include examining administrative data, internal documents. the published literature, Minutes of Meetings, interviews with key informants, consultations with stakeholders, etc.

Assumptions

1. The New Brunswick Government will continue to directly deliver the core child welfare services.

2. The centre of responsibility for service delivery will continue to be lodged in the Family and Community Social Services Division (FCSS) of the Department of Health and Community Services (DHCS).

Guiding Principles

1. The cornerstone of the NB Child Welfare System will be the principle of "best interest of the child" as expressed in the recent decision of the Supreme Court of Canada (*6*).

2. The family is the basic unit of society and is normally the best place to meet the needs of the child.

3. Permanency planning for the child will be the overarching strategy. Permanency planning is defined as "... the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or care givers and the opportunity to establish life-time relationships" (*7*).

4. Service delivery will be based on interdisciplinary and intersectorial collaboration, and it will include the appropriate sharing of information in order to protect the safety and security of children.

Project Structure and Management

This project will be directed by a **Steering Committee** consisting of senior officials from the DHCS and Co-Chaired by the Assistant Deputy Minister (ADM) for FCSS and the Executive Director of Planning and Evaluation (PED), both in the DHCS. This Committee will report to the **Deputy Minister**. Additionally, they will invite comment and input from senior officials in other divisions and departments involved in the delivery of child welfare services.

The project will be carried out by the Review/Redesign Project Team, hereafter called the **Project Team**. The work of the Team will be managed jointly by the Director of Access, Protection and Post-Adoption (FCSS), and the Director of Program Analysis and Evaluation (PED) in the DHCS. They will be called the Co-Project Managers.

Working Groups may be established on specific subjects.

All work completed by the **Project Team** will be reviewed by the **Steering Committee** and once approved, the Co-Chairs of the **Steering Committee** will forward the deliverables to the Deputy Minister of the DHCS for final approval.

See **Appendix A** for the role and responsibilities, mandates and memberships on the Steering Committee and the CWRR Project Team.

Resource Considerations

1. Financial costs of back-filling for members of the Project Team, and members of the Working Groups, as needed
2. Financial implications for administration of the project, ex. telephone conference calls, mailings, etc
3. Contracting external expertise, ex. consulting firms
4. Team meeting expenses, ex. members travel, meals, lodging, per diem for members outside government
5. Report preparation, ex. Desktop publishing, translation

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6. New Brunswick Minister of Health and Community Services vs M.L and R.M. Supreme Court of Canada 1998, Pg.1-37.

7. Kufeldt, K. and S. Rideout (1997). *Child Welfare Literature: A Selected Annotated Bibliography and Review.* Prepared for the NB Department of Health and Community Services

Appendix A

PROJECT STRUCTURE

Steering Committee Role

- To inform the Senior Management Committee of progress
- To "know the big picture"
- To provide advice
- To remove barriers to completing the project
- To solicit and receive information from partners in stakeholder departments of government

Mandate

- Approve scope of the project
- Recommend approval of Terms of Reference to Deputy Minister
- Approve project plan / structure / management
- Approve spending
- Approve deliverables
- Monitor progress against deliverables

Members

- Pauline Desrosier-Hickey, Ex. Dir. Planning and Evaluation Division, Co-Chair
- Bernard Paulin, ADM , Family and Community Social Services (FCSS), Co-Chair
- Carole Dilworth, Dir. Program Analysis and Evaluation, Co- Project Manager (*ex officio*)
- Dick Quigg, Dir. Access, Protection and Post-Adoption, Co-Project Manager (*ex officio*)
- Bob Steele, Ex. Dir. Operations, FCSS
- Edith Doucet, Dir. of Office for Family and Prevention Services, FCSS
- Marceile Wood, Child Protection Consultant, Coordinator of the Action Plan

CWRR Project Team

Mandate

- Develop Terms of Reference
- Plan the project, obtain resources, develop critical path of activities
- Conduct literature review
- Carry-out project activities
- Analysis results
- Provide deliverables on time / on budget

- Prepare reports in both official languages
- Communicate findings
- Make recommendations
- Prepare presentations

Members

- Carole Dilworth (Co-Project leader)
- Dick Quigg (Co-Project leader)
- Morel Caissie, Supervisor, FCSS Regional Office, Edmundston
- Charlie McKendy, Supervisor, FCSS Regional Office, Saint John

Appendix B

Additional Literature

Internal Documents

(Reports, memos, briefing notes etc.)

1. Child Care in New Brunswick
2. Child Protection Evaluation - 1983 version
3. Child Protection Evaluation Module 2 - Summary of findings
4. Child Protection Service Delivery
5. Child Protection Services South Enhancement Project - (1990)
6. Child Protection Services Standards, 1989 version
7. Child Welfare Literature Review, 1997
8. An Overview of Child Welfare in New Brunswick
9. Client Outcomes in Child Welfare Outcomes Framework, University of Toronto, 1998
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15. Historical Background, Dec. 1984 - April 1989
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18. Permanency Planning Document developed by the Regional Program Coordinators - (1997)
19. Achieving Permanency for Children - 1990
20. Presentation re: Child Protection
21. Presentation by the Department of Education to the Social Policy Renewal Committee re: Conditions for Learning
22. Presentations to the Minister and Deputy Minister on Child Protection (1998 - Overheads)
23. Post Adoption Record of Disclosure Services
24. Playing For Keeps (1991)
25. Preliminary Report of Post Guardianship Evaluation
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27. Redesign of Foster Home Services - 1992
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29. Report Action Plan in Response to The Child Death Review Committee on the Death of Jacqueline Dawn Brewer (1998)
30. Report (re: Turner Case) - Koster & Hillier, 1996
31. Report in response to the first recommendation of the Koster Hillier Report (Children at Risk for Abuse and Neglect), May 1996
32. Summary of comments from the Children's Services Regional Tour 1997-98
33. Supreme Court of Canada decision re: Lanteigne Case, 1998
34. An Overview of the Early Childhood Initiatives (ECI) Evaluation, 1998
35. Child Protection Risk Management System, April 1996

Appendix C

Findings From FCSS Regional Tours

CWRR Regional Tour
Moncton
April 29,1999

Participants = 11

1. **What should we continue to build on .....**

- Prevention programs such as SSE, ECI (particularly integrated daycare), child nurturing programs
- Assessing parental capacity/ability
- Professional certification to work in child welfare
- Compensation
- Risk Assessment /management system
- Regular supervision/EPMS workplan
- Training to staff
- Networking between partners (example: CART/general meetings between units/ SERDS -southeast regional directors)
- CQI -12 projects in the Moncton region (example: appeal process)
- Focussing on outcome as measured by e.g. reduction of letters to the Minister

2. **Additional issues .....**

- **Standardization/equity**
  - Do something (!) about the inequity of the distribution of Primary 3 resources across the Province.
  - Different standards/criteria exist across the province for program entry. These should be standardized.

- **Resources**
  - Before taking on additional services (example: YOA), *first* determine what resources are needed to deliver the service. If the resources aren't there, don't accept to deliver the service.
  - Child Protection Services are "caught " in the "you're mandate" and thus are pressured to provide services to other division in the DHCS (example: Mental health and suicide. "We are not trained to deal with suicidal clients").
  - Define the parameters of our service. (Example: "Children beyond control is now a 'catch all' category and they all come to us".)
  - There is a shortage of appropriate placements (i.e. not foster homes) for children who are really Mental Health clients. They use our foster homes and foster parents are not equipped to deal with these sorts of problems.

- **Training**
  - Develop parental assessment expertise within the social work profession so that this doesn't have to be contracted out to other professionals.
  - A better job needs to be done in the promotion of training, and in advertising what training is available.

- **Other issues**
  - Concerning First Nations policy - "Why aren't we providing them with tools ? " Children are placed in homes with no resources and in communities other than their own.

3. **Solutions**

- **Policy/Practice issues**
  - Change the process used to develop performance indicators. Get the right people and make it a coordinated effort.
  - Develop a long-term focus for the Post-Adoption follow-up service.
  - Change the legislation regarding custody:
    a. change "consecutive" to "accumulative"
    b. shortening timeline depending on the age of the child
  - Change CAPU to 12 months as opposed to 10 months.
  - Educate communities on the impact of taking kids into care.
  - Redistribute Primary 3 resources.
  - Establish policy that would allow staff to be foster parents.

- **Permanency Planning (P/P)**
  - Develop a responsibility centre for p/p. Minister has to make clear that this is the policy that guides practice. Educate the staff as to the meaning of p/p and *how to apply the concept* in their practice. In order for this to work, we all need to be clear as to the resources available and the limits of what we can provide.

- **Direct Intervention**
  - OASW document on case management should be used as the model for Child protection workers.
  - "SW/Police Unit" who would do the FSA intervention , thus enabling other workers to work cooperatively with families. (Issue: therapist also is the authority figure who takes parents to court).
  - Adjust case loads to allow for direct therapy.

- **Kinship Care**
  - Treat kinship parents the same as other foster parents, i.e. require training, compliance to guidelines and remuneration.

- **Structural/Administrative solutions**
  - Establish a Child Advocate.
  - Divide Adult services and Child/Family services with separate screening/access/resources.
  - Central Office consultants should be seen regularly in the regions. (Issue: consultants are seen as working for the Minister and not the regions.) Suggest two groups: CO group and a group to serve the regions.

- **Collaboration**
  - Establish a Department of Children and Families. Co-locate FCSS, Mental Health and Public Health in one ministry. (Issues: collaboration and distribution of financial resources).
  - Continue to promote CART, but provide more leadership in the form of a *responsibility centre* from Central Office.

- **Family Court**
  - Replace Queens Bench judges with mediators with authority. They should not be lawyers, and should have training in family dynamics. Change the Family Services Act to permit this to occur. (Issue: Judges are not close to the client, nor do they recognize the expertise of the social worker.)
  - Train lawyers who do family court work on the principles of permanency planning.
  - Employ paralegals to do the affadavits, to prepare the legal documents and to prepare the witnesses.
  - *Make Justice aware of the effects of postponements of court appearances on children - especially young children.*

Carole Dilworth & Charlie McKendy
CWRR Project Team

CWRR Regional Tour
Saint John, NB
April 6, 1999

Participants = 15

1. What should we continue to build on ……..

- **Confidentiality**
  - the new amendments to the Family Services Act are welcomed;
  - also, sharing of information regarding pedophiles.

- **Joint investigation protocols with police**
  - violence against women
  - child victims of abuse.

- **Treatment programs**
  - sexual abuse
  - teens beyond control
  - neglect
  - prevention programs

- **Support Services to Education**
  - Seen as a good program

  Issue: Fear that SSE may not continue, i.e. resources may return to Education. (?? "Child Protection screen changes how we interact with schools")

- **Child Welfare (CW) service providers**
  - high level of commitment
  - dedicated
  - pride and belief in their work

  Issue: Division within the profession. Other social workers do not appreciate the uniqueness of the CWSWs. The knowledge required to perform their work as well as the stress involved go unappreciated.

- **Foster Care**
  - Consistent assessment tool for homes and parents is used across the Province
  - New pre-service training package for new foster parent

2. Further Issues

- *CW is not seen as the # 1 priority of FCSS*

- There are **inadequate resources** for kids
  - treatment centers
  - adoption placements
  - group homes
  - there is not the willingness to pay for treatment and find solutions for kids having difficulties
  - money is not available to develop new placement resources that are *appropriate* for kids coming into care. As a consequence, children of foster families are being victimized by the children we inappropriately place.

- **Demographic factors** - in a "normal " family, children leave home at a later age than 20 years ago, yet we expect children in our care to leave at age 16 and be self sufficient.

- **ECI** - unclear as to the boundaries. Because it is too targeted, it is no longer seen as an effective prevention program.

- Because of lack of adequate foster homes, **children are relocated** from their home in an urban community to rural communities. Given lack of access to transportation, relatives/family may not be able to visit.

- There is no clear understanding of what the **Permanency Planning approach** is. Loss of Permanency Planning is result of no time - focus is always on the next crisis.

- Kinship Care
  - Do we pay families to look after their own family members?
  - Can the information provided on the state of the child be reliable?
  - Can there be assured some long term stability, i.e. are relatives more apt to get tired of looking after another relative's child?
  - Is it easier to set limits when the child and "foster family" are not related?

3. Solutions (Categories as outlined in the attached pre-tour list of issues)

Policy/practice Issues

- A **public awareness campaign** needs to be developed that focuses public attention on the need for adoption homes and for special care foster homes.

- **Outcome indicators** should be developed that include the following:
  - client assessment of the service
  - # successful client placements (success being defined as appropriate)

- # children ready for adoption are adopted

- Encourage **private sector** involvement with CW services, and expect them to monitor outcomes. Also use private sector more for treatment options.

- Find more **resources** - "we have the expertise"

- **Permanency Planning (P/P)**
  - Need to re-orient staff
  - Need to include all service providers including foster parents
  - Need to clarify the goal of P/P
  - Need to develop and carry out training programs
  - Need written outline of practice, which outlines the procedures to follow
  - Need change in structure to allow staff to spend more time on P/P
  - Relative to last point, move crisis responsibility to another area so as to free up time to do P/P
  - Legislative changes (????)

- **Case Management and Direct Intervention** - Is there a case for "verses" !
  - Need a clear definition of case management that includes the role of direct intervention , selection of the case manager (depends on the circumstances as to whom is most appropriate) , etc. Case Management is "not just directing". Team members can and do provide treatment. Should strive for a balance between brokerage of services and providing treatment.
  - Need a clear rationale that is supported Provincially
  - Suggest looking at the Sexual Abuse Team Model used in Saint John

- **Kinship Care**
  - Need standards for kinship care that are same as for any other foster parent
  - Relatives must receive training on standards and expectations including reporting procedures
  - Remuneration should be attached to meeting standards and provision of "honest information.
  - "Ability to pay" or financial assessment of kin might be considered

Structural/Administration Issues

There is no clear understanding as to why programs are grouped as they are. Generally agreed that wrong programs are grouped together. There is a loss of communications between managers, supervisors and front-line workers. Now, compared to previous structure, there is less access to supervisors, frontline workers are felt to be under more pressure, quality is seen as declining, movement from Access to Protection is encumbered.

- Re-group programs to reflect a continuum of services
- Re-instate on-site supervisors and managers

Collaboration Issues

- In reference to **collaboration**, start by developing **partnerships** in communities so that they are encouraged to undertake prevention activities
- Open up lines of **communication** with other Departmental service providers. Mental Health in particular poses a problem (assessments under Section 8, FSA). " History of non-cooperation colors what we do now".
- **Family Court**

  "We do too much legal work!"

  - Each office would benefit from a para-legal person on site
  - There should be a Child Advocate … children are too long in care
  - **We need to use mediation in Family Service Act issues**. Take these issues out of the Queen's Bench and establish a Unified Family Court where the judge, CW workers and families sit together to work out solutions .

Resource Issues

- **Youth 16-19** - Service providers are unclear as where services ought to be provided. DHCS, other department? Don't place with CP services.
  - Need to change regulation that will allow service to this group
  - Re-activate the STAR program
  - Define exactly what is to be offered
  - Address drug and alcohol issues
  - Target to most vulnerable
  - Expand ECI to include 18 year old youth
  - Would result in fewer older youth asking to come into care as they approach their 16th birthday.
  - Develop program of services

Carole Dilworth & Charlie McKendy
CWRR Project Team

CONSULTATION OF APRIL 8, 1999

Campbellton, N.B.

18 persons

Systemic approach

- Campbellton encourages clinical consultation.
- The current climate in the Department/government is positive, in the sense of momentum for looking at what exists and what should exist.
- The whole dimension of the lack of resources.
- Better triage system with regard to resources.
- Regional debriefing committee serves as a means of support for employees and is seen as a +.

Problems to be resolved

- Lack of shared vision for CP workers in New Brunswick. How do we go about creating such a vision?
- The answer lies among us ... bring people together with specialists in order to express it.
- There are precedents/studies/models elsewhere that have produced certain results and should be sought out.
- The volume/complexity of cases vs. the capacity of social workers ... less experienced SWs will have smaller or lighter caseloads.
- Lack of coordination.
- There is a gap in terms of project review in the Department from time to time.
- Does the Department want the emphasis to be on managing cases or on doing social work, providing therapy, etc.?
- The current system encourages or permits only case management.
- Redefinition/redistribution of roles/duties with regard to case management on the one hand and actual therapy or intervention on the other.
- Managing funds in the Department takes a great deal of time and involvement.
- Our work is becoming more and more subject to legal control. The courts dictate a line of conduct, with all that this entails.
- There are some very long trials involving expertise ... increases the work greatly.
- It seems that we are taking on the role of the courts ... who has to prepare the affidavits, etc.? There seems to be differences in terms of what the courts require from FCSS across the province .... FCSS is responsible for preparing/typing the orders, etc.
- The importance of the contribution made by CP psychologists is recognized, but the resources/training are lacking at times. Child protection problems require a multidisciplinary approach.

- What naivety! The Division agreed to eliminate all the specialists for special-needs children. Now there is less concern about the quality of services. Our clients/programs are no longer a priority for the other divisions, etc.
- The Department of Education seems to be shutting the door on us when it comes to CP cases; their cooperation and their priorities are not necessarily what we would like.
- Our Department is the dumping ground ... the issue of voluntary vs. involuntary service has something to do with that.
- Same Department/same minister. There seems to be less concern in the other divisions of the Department (e.g., mental health centre, Public Health) regarding the Brewer case, etc.
- Contrary to the situation in other regions of the province; PP is very alive and useful in the Restigouche region; it seems to be a good planning mechanism, offers support for SWs, etc.
- There appears to be a great lack of training with regard to philosophy. The scope and orientation of PP, ongoing training in the region – very important.

Kinship care

- Never forget to explore the family/extended family for feelings of belonging/identity when talking about child placement ... facilitate this task, remove barriers, etc.
- Should perhaps take another look at the validity (or lack of validity) of section 20(1) in the past.

Administrative problems

- Children with special needs/adult programs are under the same umbrella ... I think this has negative results in the region.
- In addition, they succeeded in taking away one supervisory position from us with the administrative reorganization of a few years ago.
- Some mentioned that the roles/duties of SWs are not clear, and that can lead to differences from one SW to another in carrying out the duties.
- Rotation will be addressed by the subcommittee.

Lack of resources

- Develop a culture of prevention; there are enormous differences in this regard among the regions.
- Prevention should be better balanced between the government departments. The responsibilities should be broadened.
- The way in which we are identified in the Department complicates things for the public: CSS/FCSS.
- The way in which prevention is carried out.

Qualified foster homes

- In the Restigouche region as elsewhere, this is a nightmare.
- Will the redesign address this problem?
- Training and support should perhaps come from the private sector ... or within our walls ... there may be movement in this direction, but the Department has to create the appropriate climate.
- The mandate for 16- to 19-year-olds ... efforts should be made to develop resources before taking on such a mandate.
- We have no control over the workload vs. other problems vs. education.

Morel Caissie and Dick Quigg
CWRR Project Team

CONSULTATION OF APRIL 9, 1999

Edmundston, N.B.

POINTS TO BE IMPROVED:

- Partnership with other agencies
- Ongoing training for employees (CP, all other services)
- Develop success criteria
- Seek client feedback

PREVENTION

ECI

- Have access to services such as psychology
- Behaviour management
- Services focused on child –the family's needs are forgotten
- 16- to 19-year-olds not being served
- Single mothers
- Training – prevention
- Old family services program responded to real need
- No program called "family"
- Well-structured family program prevents CP cases
- Develop and maintain independence of clients
- Don't destroy the community ecology
- Rigid mandate of Prevention SWs
- Need for short-term intervention
- Have study done on purchase of service vs. intervention by us
- Goes beyond our Department, e.g., prenatal $100
- Does the political will exist?
- Look at big picture, not just the individual
- Broaden the ECI mandate to 6 and over
- ECI does not meet all the needs of families

Foster families

- Qualified foster family difficult to recruit for special-needs children
- Foster home redesign caused problems in terms of finding and paying competent people – too compartimentalized and bureaucratic

- 16- to 19-year-olds neglected ... no accommodation ... 10 years ago, we said the same thing
- Resources need to be developed
- Program needs to be developed for 16- to 19-year-olds

Organizational structure

- 50% balance between + and -
- Don't make supervisors travel: 1 hour per day wasted
- Difficult accounting for Access/Assessment time .... look at the structure of the units
- Allow the regions some flexibility in terms of structure

Challenge of partnerships

- Look at ourselves as a partner ... change our way of thinking
- High-level commitment, e.g., CART committee
- Have easier recourse to legal advice
- SWs have too many legal tasks that should go back to the prosecutor ... 5-day period stressful

POSITIVE ASPECTS

- Empowerment of competent staff
- Engaging families – seeking their cooperation; focus efforts on Access/Assessment
- Better tools for Access – more accurate risk management, uniform criteria
- Work method; teamwork
- Eco-systemic training (family therapy), ongoing training
- Permission to do different things in intervention
- Importance of in-depth assessment at Access/Assessment
- We listen more to our clients now

PROBLEMS RELATED TO POLICIES OR PRACTICE

Lack of vision

- Seek out the community's vision (MH, day care/school, PH, parent, Justice, Solicitor General)
- Gap in children's services re financial contribution
- Legal separation painful for children
- Family Court and criminal court very painful for children – no one looks at children's needs – review procedures
- Compulsory family mediation, free of charge

- Provincial vision
- Selective vision of services, e.g., school, poor families, Human Resources Development and Housing

PP

- Not enough emphasis on basic values (philosophy)
- PP = more than just a decision-making committee
- Starts with first telephone call to Access
- All our decisions must be aimed at permanent placements for the children
- Keeping the family together
- Consultation used as tool ... not just decision making
- Obstacles to overcome
  - on-site chairperson
  - supervisor who travels
  - office space to be found
- See that PP committee take SW's analysis into consideration
- Approach that has been imposed
- Should be supported by management and provincial level
- Responsibilities of provincial program coordinators

Therapeutic intervention vs. case management

- Background: no resources for purchase of services; developing evidence for court
- Direct intervention = fewer children in care and before the courts
- CDC puts out fires; redistribute SW duties
- Focus on vision – best interests of the children – philosophy and beliefs – investing first in prevention
- Saves time in long run
- Formerly half a day to plan interview – now 15 minutes
- Training vs. information received outside
- Ongoing training
- Theory and practice
- Lack of leadership from Central Office concerning philosophy
- Look for the "how"
- Reduce interference in families
- Eco-systemic approach takes everything into account – another way of working
- More than family therapy
  - Trust people
  - Ongoing training
  - Switch focus from "disease" – we all have something to contribute ... and thus something to change
- Create environment for learning

- Commitment from management ... ongoing training
- Give regions the opportunity to develop their own style
- Allow differences between regions when the context is not the same – more flexibility – less control

Kinship care

- Family values in PP ... important that the family members be present
- No need to be legislated – independence – government control
- Our role is to help the family to find its own resources
- Work with the family
- It is up to the parents to take steps and contribute financially whenever possible
- Less strict or rigid evaluation in the case of kinship care
- Develop the natural network
- Pay costs for qualified kinship care
- This situation should be studied
- Involve both parents, even if they do not live together
- Training is important for the families
- Look into the families' motivations; consider the financial motives that prevent them from committing permanently by becoming adoptive families; take advantage of subsidized adoption program

Morel Caissie and Dick Quigg
CWRR Project Team

CWRR Regional Tour

Tracadie/Bathurst

APRIL 8, 1999

KEY ELEMENTS

- *Family Services Act*
- Steering Committee – complaints vs. resources
- Other disciplines within Department (e.g., nurses, psychologists, home economists, etc.)
- Ongoing training of resources (e.g., foster home redesign)
- CART Committee

MAJOR POINTS TO BE RESOLVED

Policies/Practices

- Ongoing evaluation of programs
- Focus on objective to be achieved as defined in the Act
- Revision of standards every two years
- Have a work plan originating with senior management
- Take children's rights into account
- Pool of SWs who are trained and ready to replace SWs in CP and other fields
- More emphasis on CART
- Make sure that the other professionals understand our work and programs, and vice versa (within and outside the Department)
- Ensure a better understanding of the different disciplines within DHCS before embarking on this task outside the Department
- More teamwork with our partners

PP

- Make provision for annual review – ensure consistency
- Adoption program must come back
- PP review every 2 years – regional
- Confusion re adoption program, especially with older children, because we see much fewer of them
- Importance of preparatory work on adoption cases in order to avoid failures

Therapeutic intervention vs. case management

- Too heavy a workload that quite often results in complaints because not enough time for intervention
- Risk of seeing less success in our interventions because of case management
- Danger that support workers may become too involved in intervention (SW's role)
- Concern that support workers also take on the work of other professionals
- Need for more SWs in the field
- SWs no longer have the time for intervention – just applying band-aids
- Take away management duties from SWs so they can do more intervention
- The SW's role in each program will have to be clarified
- Many more interventions in our families in the past
- Feeling of mistrust among employees with arrival of technology
- Need for more training in intervention
- Sound intervention methods (e.g., family therapy) have fallen by the wayside because of the high workload
- There is a lack in terms of clinical supervision for SWs – good support from the team, however
- Despite the mistrust, our situation shows a real need for support workers. WHY? What has brought us to this?
- General vision OK, but don't forget specific vision of each region

Kinship care

- Innovators in maintaining family unity (e.g., involve counselor within family)
- Alternative would be to work with biological families
- Difficulty because same standards have to be followed for foster homes as for kinship care
- Kinship care should perhaps not be incorporated but seen as an option
- Possibility of bringing back the section 20s
- Family income should be evaluated in order to determine financial support
- Not necessarily give same rate as for our foster homes
- Don't forget the best interests of the child, which are not always met by the kinship family

ADMINISTRATIVE PROBLEMS

Organizational structure

- Specialized employees (training) who have had to change duties – policy on rotation
- Quality of service depends on ongoing training of workers
- Too large a region – physical aspect – 4 offices – great deal of time wasted
- Far too many staff changes in the different programs

- For prevention: positive (division of structure into 4 main programs)
- On-site supervision is preferable to travelling supervisors
- Less pleasant work atmosphere since organizational change
- The province's needs have become more important than the regions' needs (e.g., Independent Living program, which functions VERY WELL in our region but may work less well in another – risk of losing it at provincial level?)
- 4 divisions – negative for adoption and guardianship programs
- Province will have to recognize the economic and social differences of each region, because these can have a direct effect on the types of problems and on service delivery
- Provincial caseload statistics do not reflect the situation in our region

Roles and responsibilities of SWs by team are not clearly defined

- Sometimes the solutions put forward in an effort to improve situations are seen as a luxury by senior management, although this is a real need in our region
- The teamwork aspect has been lost
- Loss of initiative (creativity) in responding to the needs of each region (more freedom to act)

LACK OF RESOURCES

Prevention

- Lack of resources everywhere
- Loss of certain preventive services offered in the past (e.g., family cases followed up at Intake)
- More prevention among families of children who have mental health or behaviour problems that become CP cases but whose parents would need support
- Lack of resources (services) to offer to families who are not clients of CP but still have problems
- Lack in terms of awareness/education of general public about the needs of children
- Loss of APAC program
- Lack of general prevention re family violence, pregnancy, related feelings, etc. (should be added to prenatal course)
- Lack of human and financial resources in GENERAL

Difficulty in recruiting foster families

- Problem in terms of training and follow-up of foster families
- Children to be placed are older
- Needs/problems among children are numerous and complicated
- Disagreement with effort to make foster families professionals

- Recruit people who can go into the biological families
- Lack of support for foster families who take in difficult children
- Matching is done with what we have to meet the children's needs as closely as possible (child under guardianship but no adoption plan)
- Sad when a child is left alone, i.e., no contact with biological or extended family
- Often see steps that have not been done for children, such as saying good-bye as start of mourning process – very important element for well-being of child
- People are adopting less because they lose support, such as the SW's involvement
- Foster family and adoption need support
- Post-guardianship service should last longer because people always need their parents – the Department is the parent for many children
- Better visibility for adoption at provincial level
- Offer a case manager to the adoptive family in order to provide assistance (encouragement/support)
- Make greater use of our adoptive families rather than foster families for long-term placement of children

16- to 19-year-olds

- What services do we want to offer to this clientele?
- Services will cost money – money that we don't have
- Sometimes legal status is sought at 15¾ to ensure services to the family
- It will take a lot of human resources to meet this need
- Great need for prevention with this clientele (e.g., violence)
- Don't forget that these clients are future parents!

LACK OF COOPERATION

Between FCSS and our interdepartmental and private partners

- Make our partners aware of what child protection involves
- Invite our key partners to become involved in our investigations (e.g., nurses)
- CP is not just a concern of social workers
- Great lack of communication
- Lack of information among physicians about CP
- Look at giving the partners a certain responsibility in their mandates other than simply reporting situations

Family Court formalities that lead to long delays/frustration

- Long delays, yes, but also time frames that are too short (e.g., Protection program) to prepare legal documents (standards too limited in terms of deadlines)
- Workload is one of the factors that create frustrations when it comes to legal cases

- Need to promote awareness on part of criminal courts and prosecutors since the Family Court is not always seen as a priority

OTHER CONCERNS

- Great deal of emphasis on SWs, but there is a lack in terms of the involvement of other professionals, such as home economists
- Children with conduct disorders require staff to meet the needs in the region; integration of children's resources and mental health requires that the committee on children with conduct disorders has the support of the central administration in order to incorporate the concepts into practice

Morel Caissie and Dick Quigg
CWRR Project

Regional Tour
Fredericton, NB
April 26,1999

Participants = 50

1. **What should we continue to build on .....**

- **Legislation** , but make it more sensitive to the age of the child

- **Protocols** which guide practice

- Child Protection **investigation procedure**:
  - guidelines
  - protocols
  - legislation

- On-going debriefing with **foster parents** because it
  - offers support
  - helps to safeguard the placement

- **Prevention programs**
  SSE
  - offers parenting programs
  - training for teachers
  - available to kids (visible in the schools)
  - members of the "base problem solving" teams (fosters linkages between service providers)

  Parent aides as part of the Child Protection program
  Interdisciplinary approach of prevention services, example: ECI

- **Subsidized adoptions** (not province-wide)

- Seems to be more attempts to use **research evidence** on which to base decisions

- Establishment of the **sexual abuse teams**
  - have the expertise to interview children
  - work with the family
  - there is a prevention element (awareness is raised with children

- **Critical stress debriefing process**

- **Referral** to other agencies for treatment (though not province-wide)

2. Further Issues

- **Prevention** is not valued
  - it is not seen for its long-term benefits
  - difficult to find outcome measures for prevention

- **Youth under 16** who don't want to be in care of the Minister or who are out of control but NOT abused in the home. See next point:

- No **parameters around what constitutes "child protection"**. Consequently, seen as a dumping ground for beyond control teens. Professionals spend too much time "chasing" teens and that's time taken from dealing with young children and their families. See next point:

  - Problem with other service providers (example: Mental Health) who say: "CP is your responsibility" or " we don't have the money to provide services so you look after the child" ,or the police who ask CP to take care of a witness until they get to court. Question becomes: who are we serving !

- There is no longer a program like the Adolescent Parents and their Children (APAC), which was a joint venture with HRD. A similar program is needed.

- Contracted service providers are NOT reporting back their results. This should be governed by a requisition .

- Prevention services are NOT mandatory (example: ECI)

- Need a Section 20 (under previous legislation a person on low income who agreed informally to look after another person's child could be paid same as a foster parent. There were no (?) standards around this program, however)

- We need to recognize that regardless of the amount and types of services put into a home, some parents will never be good parents. We need to determine early those situations where little change in parenting practice is likely to occur and make plans for the child.

- Decisions taken by other departments create crisis for our clients. Example: changes in HRD funding, or reduced length of stay for mothers after delivery.

- CP workers wear two hats - that of wanting to help the client, and that of the person with the authority to remove the child. It's defeating.

- ECI is too targeted.

- Should examine NEEDS and get the resources, rather than in reverse - letting level of resources drive what needs can be met.

3. Solutions

Policy/practice Issues

VISION

- Practice needs to be child focussed rather than parent focussed. Children's rights need to take precedence over parent's rights.
- Outcome indicators should be client focussed, by program
- We should not *enable* inadequate parenting
- Children have a right to be parented
- Need to be clear as to the implications of developing a Vision - will require the resources to actualize the Vision. It will also have implications for assessment of parenting skills. There needs to be a value statement around parenting.
- Need a value statement around parenting.

PERMANENCY PLANNING

- Change the legislation to reduce the months of custody. At present it is 24 months and is *consecutive*. Make it *accumulative*. That prevents the "clock" from being re-set.
- Provide education to the legal system around attachment issues and the importance of attachment relative to achieving permanency.
- If legislation is changed and timeframes lowered, this will put pressure on other parts of the system to find resources (example: will need adoptive homes) . On the other hand , it could free up other resources that are used in servicing families that are assessed as "hopeless" in regard to further improvement in parenting.
- Change the name, *permanency planning*. (We should have asked for a suggested name !).
- Staff needs training in attachment theory in order to develop the plan. Need a training program in P/P.

DIRECT INTERVENTION

- More direct work needs to be done with clients. "We have the mandate".
- Need to have and manage our own resources. Protecting children requires that we do in-house, multidisciplinary services (example: parental capacity assessment).
- Concern is that role of child protection worker conflicts with that of a therapist - worker may have to champion rights of child in court and then work with the parents. Potential for adversarial position.
- Don't always get back a progress report. Should consider staffing a resource unit for therapy in each region. Could be a cost-savings.

KINSHIP CARE (no particular concerns or comments)

STRUCTURAL

- Children services require a separate ministry. There would be a better focus and not the competition for departmental dollars as presently exists.
- Child Welfare Commission set up like the former Mental health Commission - autonomous community board , properly resourced.
- Need an advocate for children that is separate from CP in order to ensure that the interests of the child are always in front of other interests
- The alignment of programs is not logical. For example, special needs children are in the wrong program area. In Fredericton, they are in LTC; while SSE is with foster homes.

COLLABORATION

- Get CART teams going in all regions and use them to sponsor mini consultations in their regions similar to the recent large partnership. consultation .
- Need to find a way for seamless partnering between institutional services and community services.

FAMILY COURT

- Mediation should be considered as an alternative to formal court processes.
- Legal aid should be available to our clients much earlier in the process.
- Educate judges on issues of attachment. Becomes a critical issue every time a court hearing is postponed and the young child is left without a permanent disposition.
- Court process needs to be less adversarial. less formal and less frightening

RESOURCES

- Stop using foster homes for mental health placements.
- Need to work in partnership with Mental Health to find specialized placements for their clients.
- Need Level 4 foster homes!
- Ratio of foster homes to coordinator is too high - more staff needed.
- Need $ in FCSS for emergency situations that are caused by changes /policies generated in other departments.
- In addressing families where just a bit of help would prevent a crisis situation, fund more parent aids and provide some resources for children such as summer camp (example: day camp at the local Y).
- Continue to build on the idea of a resource person dedicated to the court work - preparing the necessary documentation, preparing the children, etc. Allow the social worker professional to be the expert witness rather than the person seen as the adversary (because they've done all the preparation).

Carole Dilworth & Charlie McKendy
CWRR Project Team

Appendix D

The Invitation Letter and Summary of Responses

HPE-20101(7/90)

Date:	February 17, 1999	New Nouveau Brunswick	Inter - Office Memo Note Interservices	
	Name and Title / Nom et titre	Department and Branch / Ministère et direction	Telephone/Téléphone	Reference/Référence
To: À:	All FCSS Staff All Mental Health Staff All Public Health Staff			CD U \CW\All Staff
From: De:	Bernard Paulin, ADM FCSS Ken Ross, ADM Mental Health John Dicaire, ADM Public Health	Health and Community Services	(506)453-2793	
Copies To: Copies à:	Regional Directors, FCSS Regional Directors, Mental Health	Regional Directors, Public Health District Medical Health Officers		
Subject Objet:	**An Invitation to Provide Comments/ Invitation à fournir des commentaires** **Comprehensive Child Welfare Review/Redesign Project/ Projet d'étude et de refonte globale des services en matière de bien-être à l'enfance**			

Through this memo, we are extending an invitation to all interested staff to offer comments to the Project Team that is spearheading the work on the Comprehensive Child Welfare Review \Redesign Project. As outlined in the January issue of *Images*, this team is one of twelve under the Child Welfare Project; and it has the mandate to investigate more broadly the issues of child welfare as they relate to the abuse and neglect of children in New Brunswick. In addition to examining other child protection issues **not** covered by the other Teams, this project will focus on Children-in-Care, all types of Children's Placement Resources (foster homes, group homes,etc.), Adoption Services, Unmarried Parent Services and Post-Adoption Disclosure. Input from 1st Nations, as well as other government departments, partner agencies and stakeholder groups will be invited.

The goal of the project is :

To review, and where necessary, propose a redesign of the New Brunswick Child Welfare system that ensures an effective and efficient service delivery that is responsive to the needs of abused and neglected children/youth and their families.

To help move forward, Charlie McKendy from the Saint John Region and Morel Caissie the Grand Falls Region have been seconded from their FCSS positions to work full time with Dick Quigg and Carole Dilworth from the Central Office. Their report is due for completion at the end of June, 1999.

The project is designed to answer three questions, and we are inviting you to share your ideas in those three areas:

1. What is working well in the areas of child welfare;
2. What are the issues that need to be addressed, and;
3. What are some options/strategies for dealing with these issues?

Par la présente note de service, nous convions tous les membres du personnel intéressés à faire part de leurs commentaires à l'équipe du projet qui dirige le travail sur le Projet d'étude et de refonte globale des services en matière de bien-être à l'enfance. Comme le mentionnait le numéro de janvier d'*Images*, cette équipe est l'une des douze équipes qui font partie du Projet sur le bien-être à l'enfance et elle a pour mandat d'étudier dans une plus large perspective les questions et les problèmes du bien-être de l'enfance en rapport avec les enfants maltraités et négligés au Nouveau-Brunswick. En plus d'examiner les autres problèmes de protection de l'enfance qui ne sont **pas** soumis à l'observation des autres équipes, ce projet sera axé sur les enfants pris en charge, sur tous les types de centres de placement pour enfants (foyers d'accueil, foyers de groupe, etc.), sur les Services d'adoption, les Services aux parents célibataires et les Services de divulgation de renseignements après l'adoption. L'équipe conviera les Premières Nations ainsi que d'autres ministères gouvernementaux, des organismes partenaires et des groupes intéressés à donner leur avis.

L'objectif de ce projet consiste à :

Examiner les services offerts au Nouveau-Brunswick en matière de bien-être à l'enfance et proposer une refonte favorisant la prestation efficace de services qui répondent adéquatement aux besoins des enfants et des jeunes victimes de mauvais traitements et de négligence ainsi qu'aux besoins de leur famille.

Pour nous aider à aller de l'avant, Charlie McKendy de la Région de Saint-Jean et Morel Caissie de la Région de Grand-Sault ont été détachés de leurs postes à la FSSC pour travailler à plein temps avec Dick Quigg et Carole Dilworth du bureau central. Leur rapport doit être terminé à la fin juin 1999.

Le projet vise à répondre à trois questions et nous vous invitons à nous faire part de vos idées dans les trois domaines suivants :

1. Quels sont les aspects du bien-être à l'enfance qui fonctionnent bien?
2. Quels sont les questions et les problèmes sur lesquels il faut se pencher?
3. Quelles options ou stratégies suggérez-vous pour régler ces problèmes?

Even though we have access to suggestions of issues from FCSS, particularly related to Child Protection, and we are seeking information from a variety of other sources, nevertheless we encourage you to think about your own service delivery and about the types of practices that occur that contribute to the Department being able to offer a coordinated and integrated service delivery to children and families.

Même si nous avons accès à des suggestions de la FSSC portant sur des questions et des problèmes qui concernent tout particulièrement la protection de l'enfance et même si nous faisons appel à diverses autres sources pour avoir des renseignements, nous vous incitons néanmoins à réfléchir à votre prestation de services et aux types de méthodes utilisées qui sont déterminants pour que le Ministère soit en mesure d'offrir une prestation de services coordonnés et intégrés aux enfants et aux familles.

You are encouraged to send your thoughts/ideas *in writing* to any of the four team members by e-mail. Or you can FAX Dick or Carole at (506) 444-4697.

Nous vous incitons à envoyer vos réflexions et vos idées *par écrit* et par courriel à l'un des quatre membres de l'équipe ou bien vous pouvez les TÉLÉCOPIER à Dick ou à Carole au (506) 444-4697.

We hope that you will take this opportunity to be a part of this important endeavor. We would ask that when responding, that you tell us if your views are individual or if they are representing a group response. If the latter, please indicate the number of people in the group. This will help us to establish the "reach" of this project. We would like to hear from you no later than **March 31** in order that this information can be integrated into the work of the Team.

Nous espérons que vous saisirez cette occasion de participer à cette initiative importante. Lorsque vous répondrez, nous aimerions que vous nous disiez s'il s'agit d'un point de vue individuel ou de la réaction d'un groupe. Dans ce dernier cas, veuillez indiquer le nombre de personnes que comporte le groupe. Cela nous aidera à déterminer la « portée » de ce projet. Veuillez nous envoyer une réponse d'ici le **31 mars** afin que nous puissions intégrer ces renseignements au travail de l'équipe.

The opportunity to review the entire Child Welfare system and influence policy does not come along very often. So, I encourage you to consider this invitation, and thank you for your interest in providing the best services possible for the children and families whom we serve.

L'occasion de passer en revue l'ensemble du réseau du bien-être de l'enfance et d'influer sur les orientations ne se présente pas très souvent. C'est pourquoi je vous incite à prendre en considération la présente invitation et je vous remercie du soin que vous apportez à fournir les meilleurs services possibles aux enfants et aux familles dont nous nous occupons.

The Terms of Reference for this project have been distributed to all Regional Directors, and are available from them should you wish to know more about the mandate of this committee.

Le mandat de ce projet a été distribué à tous les directeurs régionaux, vous pouvez vous le procurer auprès de ces derniers si vous désirez en savoir davantage sur le mandat de ce comité.

Sincerely,

Bernard Paulin
Assistant Deputy Minister/Sous-ministre adjoint
Family and Community Social Services/Famille et services sociaux communautaires

Ken Ross
Assistant Deputy Minister/Sous-ministre adjoint
Mental Health Services/Services de santé mentale

John Dicaire
Assistant Deputy Minister/Sous-ministre-adjoint
Public Health & Medical Services/Santé publique et services médicaux

Summary of Responses to The Invitation Letter

Issue Raised	Comments/Recommendations	Category
	Need to develop a program (similar to that in PQ) which matched good parents with those parents having difficulties. This would allow for support, relief and modeling	
CP workers reduce their effectiveness when they announce their home visits in advance		
How to handle the child in care who has a child – to provide a service we require a status	Revive the APAC program	16 to 19
Inadequate services for 16 to 19 year olds especially adolescent parents of young children	Need to develop "super moms" homes like in PEI Need to Develop a program approach towards the adolescent parent.	16 to 19
No services under CP for 16 to 19 year old group	Need program similar to Post Guardianship where child works voluntarily with us (with educational goal)	16 to 19
The 16 to 19 yr old group is ineligible for CP services yet are often high risk		16 to 19
	Need to target services for young single mothers age 19 and under	16 to19
Combining Protection and Prevention was a mistake	Prevention needs a separate Program Manager to ensure that it has its own spokesperson and is not in competition with CP	Admin/Structure
CBSCSN program staff carrying CP cases		Admin/Structure
Parent Aide service is in a tenuous position despite its being a preventative service	Formally include them into the department and allow them access to dept computer system and to training	Admin/Structural
Concerns re SSE social worker unable to accept CP referral from kids directly		Admin/Structure
Current structure of FCSS does not allow for any real emphasis on Child Welfare	Separate division (from FCSS) for Child Welfare	Admin/Structure
Social Workers are burdened with administrative tasks	Look at Miramichi project and consider expanding province wide	Admin/Structure
Transfer of cases from CP to Child Care and Adoption takes too long	Assign staff to expedite transfer	Admin/Structure
Workers are too tied up in admin activities		Admin/Structure
Workers have too many administrative responsibilities	Case aides	Admin/Structure

	Need to increase community awareness re child welfare issues	Advocacy
	Educate the public to signs of abuse and neglect and their obligation to report	Advocacy
Children in our system require someone to speak out for them	Child Advocate	Advocacy
No voice to represent Child Welfare clients	Child Advocate	Advocacy
Downsizing and cut backs in other Departments such as HRD NB, Education and Justice have adversely effected Child Protection		Collaboration
	Improve sharing of information between agencies re high risk families	Collaboration
	Nurses should be on Child Protection teams	Collaboration
	All children 0 to 5 years old who are in CP cases should be also under ECI (Mandatory)	Collaboration
Child Victim of Abuse Protocols not working as well as they should	More (and ongoing) training should be available for all disciplines	Collaboration
Children are at risk by routinely consuming water collected by families from unprotected sources at roadside	Request that Department of Transportation destroy these sites	Collaboration
Children in care who are suspended from regular school system	Alternate class room programs are needed	Collaboration
CP needs the involvement of nurses for advice, assessments and intervention in many cases. Public Health are not able to do this because of ECI	FCSS should hire their own nurses	Collaboration
Does the Dept wish to prevent child abuse and neglect or to simply respond more efficiently and effectively after it has occurred?	Change PH screening tool to more specifically screen for risk of maltreatment	Collaboration
ECI is too targeted	PH Nurses should be mandated to visit all families after the birth of a child	Collaboration
Inability of Public Health and Mental Health to check through computer for Child Protection involvement		Collaboration
Inadequate housing and transportation		Collaboration
Lack of clarity re involvement of ECI in Child Protection cases	Need a team based collaborative approach from the time the case plan is first set up	Collaboration
Lack of communication between FCSS (Child Protection) and Public Health		Collaboration

Need to improve collaboration between CP social Workers and other members of the health system	FCSS should advise PH as CP cases open and as they close Involve PH nurses in case conference especially when there are children aged 0 to 5 yrs	Collaboration
New Mothers discharged early from Hospital without adequate parenting info	Develop a comprehensive package to hand out Have PH nurse visit all new parents	Collaboration
PH often not aware that the family they are seeing is involved with CP	Improve communication and remove barriers related to confidentiality. Find opportunities for front line CP staff and PH nurses to discuss their roles	Collaboration
Poverty is a serious issue for many of the families we work with	HRD regulations should be more flexible	Collaboration
Problems exist between Public Health and Child protection re sharing of information (confidentiality)		Collaboration
Public Health unable to respond by visiting some priority "Level 2" mothers.		Collaboration
Role of PH in CP cases is unclear		Collaboration
Role of Public Health Nurse in CP cases needs clarification		Collaboration
There are problems related to collaboration – Confidentiality, coordinating schedules to meet, lack to time available, policy re PH not being involved with CP cases, lack of clarity re role of case manager		Collaboration
YOA program lacks attention from FCSS and there is a lack of resources made available to this program		Collaboration
ECI, Speech Therapy, Early Intervention are voluntary yet where there is a developmental delay identified, if family reject service, child will suffer	These services should be made mandatory by changing legislation Child Advocate needed	Family Services Act
Fetus can be at risk and has very few rights, but CP cannot act till after the baby is born.		Family Services Act
Older teens in care who turn 16	Amend FS Act to allow for a "permanent custody" order going to age of majority Allow for extension of custody agreements beyond one year if child is over 13 yrs old Allow for variation of an order to allow the youth over 16 to continue under an existing order	Family Services Act

The limit of 24 consecutive months for custody orders is contrary to the principles of permanency	Change legislation and reduce the period to 12 months	Family Services Act
Uncertain as to how to handle custody agreements when parent stops cooperating and Dept decides to act directly	Review and amend legislation related to the termination of custody agreements	Family Services Act
Rotation policies are ill advised as is the practice of putting the newest and least experienced staff in Child Protection	Need to view CP services as important and essential and to provide incentives for staff to go to CP examples include increased pay, training, more flexibility re time off.	Human Resources
Child Protection requires specialized not generic supervisors		Human Resources
CP work is very difficult and demanding	More pay for CP staff Two workers on one complex case Additional training Additional time off Lower caseloads Shorter span of control for supervisors Full time CP services manager in each region	Human Resources
Not all service delivery personnel are fluent in the language of the client	Develop language fluency screening criteria for service delivery personnel before assigning them a case.	Human Resources
Family Court judges do not value our work or understand the needs of children		Justice
Family Court system is adversarial and inappropriate for child protection cases	Set up working group to explore alternatives to present system	Justice
Legal System is too complex, and not accessible	Review and revise court process with goal of simplifying it for workers and for families	Justice
Need to find new ways to recruit foster parents and for adoptive parents		Permanency
	There should be some post adoption service for parents who adopt a child with special needs	Permanency
	More service needed re adoption options and post adoption services	Permanency
Adoption program is neglected and not working	Needs more resources	Permanency
Adoption programs are outdated	Need to redefine the program with a solid philosophical base Change regional and central structure so that services to Children in permanent care and services to adoptive and birth parents be under the same units. Single point of entry for adoptive and birth parents. Promote awareness of the pre decision counseling service in communities. Pre decision counseling should be seen as a prevention program with parenting	Permanency

	assessments for those who choose to parent Standardized mandatory training for adoptive parents Strengthen link between Child Care and Child Protection to ensure quick transfers Train CP workers on adoption (importance of life book for example) Recruitment strategy for adoption of older children, sibling groups etc Promote subsidized adoption Provide post placement and post legal services to adopting families	
After the adoption is finalized, families have not program other than CP to receive service	Develop and resource a post adoption program	Permanency
Criteria for subsidized adoptions should be based on the needs of the child rather than on the financial status of the adoptive parents		Permanency
Foster home drift is occurring		Permanency
No follow up for families after adoption is finalized	Follow up should be provided by Department Support groups for adopting families	Permanency
Private Adoptions and Out of Province A adoptions take precedence over older child adoptions	Change legislation and regulations so that focus is on older child adoptions	Permanency
Shortage of Adoptive parents for older children	Recruitment campaign and seminars in each region directed towards those couples wishing to adopt older children	Permanency
Special needs children are not getting placed	Periodic provincial placement conferences	Permanency
The adoption program has seen its resources depleted		Permanency
We do not do a good job in setting up children in independent living	Assign resources with this responsibility Improve the method of paying children in independent living so that their cheque comes in a timely fashion	Permanency
We have many children who should be adopted but are not	Post adoption services need to be in place as well as expanding subsidized adoptions	Permanency
Ban on out of province placements		Placements
Cheques being issued without a proper breakdown of what is included – causes a lot on inquiries	Have a more detailed stub – similar to our paycheques	Placements
Children placed in inappropriate homes due to lack of resources		Placements
Children with mental health problems and with no neglect or abuse coming to attention of CP for placement	Develop a crisis residential resource for these children	Placements

Foster Care is in crisis	Improve funding, training and support services to foster homes	Placements
Foster System is in crisis	Spend more time matching needs of child with potential homes	Placements
Inadequate placement resources for attachment disordered children in care		Placements
Inadequate resources for high need and high risk kids	Group home setting as well as individual apartment shift model are needed, not foster homes	Placements
Lack of resources related to foster homes	Need more $$ for support services in foster homes Need provincial strategy re recruitment Need to develop more group homes for children ages 8 to 12	Placements
Shortage of debriefs for attachment based foster homes		Placements
Youth coming into care because of psychiatric problems	Need to develop appropriate services to serve this group in own home and if not possible we need appropriate placements for them	Placements
	Allow families to receive both day care subsidy and early intervention	Poverty
	FCSS should provide services to teenage mothers before they become CP cases	Prevention
	There should be a prevention program for young single mothers	Prevention
Child Protection is reactive not preventative	General Family Services	Prevention
Early Intervention not appropriate for "marginal protection" families		Prevention
ECI and SSE are good examples of prevention programs		Prevention
Lack of prevention services	Increase funding available to SSE so that parent aides can be utilized Revive "General Family Services" program	Prevention
Need to place greater emphasis on preventative services		Prevention
Public Health's role in ECI is not working due to a lack of resources		Prevention
Lack of Prevention Services	General Family Services and APACS should be reinstated	Prevention
No emphasis on prevention	Expand ECI	Prevention
No solid government commitment to prevention		Prevention
Services are reactive rather than proactive	Need for more of a preventative focus in CP	Prevention
Societal views (and some professionals' views) on neglect and "discipline" are outdated and present risks to children	Dept to stress the community responsibility to prevent abuse and neglect	Prevention

Lack of Prevention services other than ECI	Prevention and protection program groupings should not be combined as the current grouping places prevention in a secondary position relative to CP	Program groupings
Administrative service delivery structure has CBSCSN program under Long Term Care	should be under Prevention, but better yet have Children's Services and Adult Services as the dividing line	Program Groupings
Protection has to compete with many other programs for resources and often loses out		Program Groupings
Young Offenders should be handled by a YOA worker		Program groupings
No consistency in the delivery of CBSCSN program across regions		Regional Differences
Contracting out treatment services to the private sector is very costly	Increase in house clinical staff	Therapeutic
Inadequate treatment services	Contractual agreements with private service providers (Treatment) should be allowed	Therapeutic
Lack of parental skills	Make courses available and provide a financial incentive to take them	Therapeutic
Workers need to be more involved in treatment	Expand nurturing program	Therapeutic
	Training needed for PH nurses re CP cases where there will be court involvement	Training
	Need for cross training amongst PH, CP and Access	Training
	Ensure that foster parent training includes awareness of the role that PH plays	Training
FCSS does not understand that parents have the right to refuse Public Health programs		Training
No staff development for those involved in Adoption and Child Care	Regular Provincial meetings Specific training for staff	Training
Not enough resources to provide foster home training	Assign resources	Training
Lack of systematic evaluation in child Welfare	Need to regularly evaluate	Vision/Value/Outcome
	Government needs to look at the "big picture" i.e., population health rather than on individual service programs	Vision/Values/Outcomes
Lack of Outcome measures in Child Welfare	Establish a working group to develop outcomes	Vision/Values/Outcomes
No one department responsible for parenting		Vision/Values/Outcomes
Protecting children versus maintaining the family		Vision/Values/Outcomes
SSE lacks clear outcome measures	Develop measures	Vision/Values/Outcomes

APPENDIX E

DECISION TREE (ALGORITHM) FOR PERMANENCY PLANNING

DECISION TREE (ALGORITHM) FOR PERMANENCY PLANNING